# DOCUMENT RESUME

ED 092 225 PS 007 301

| | |
|---|---|
| TITLE | Home Start Evaluation Study. Interim Case Studies IIb. |
| INSTITUTION | Abt Associates, Inc. Cambridge, Mass.; High/Scope Educational Research Foundation, Ypsilanti, Mich. |
| SPONS AGENCY | Office of Child Development (DHEW), Washington, D.C. |
| REPORT NO | DHEW-OS-72-127 |
| PUB DATE | 72 |
| NOTE | 360p.; For other reports in this study, see ED 069 439 - ED 069 441, PS 007 273, PS 007 300 - PS 007 305 |
| EDRS PRICE | MF-$0.75 HC-$17.40 PLUS POSTAGE |
| DESCRIPTORS | *Administrative Organization; *Case Studies; Federal Programs; Health Services; *Home Visits; Instructional Staff; Intervention; Objectives; Parent Participation; *Preschool Programs; Program Descriptions; *Program Evaluation; Records (Forms); Social Services; Training |
| IDENTIFIERS | *Project Home Start |

ABSTRACT

The eight interim case study summaries included in this booklet are part of "Report II" of the "Home Start Evaluation Study." Each case study was developed after field visits to each of the demonstration programs by case study workers from the evaluation agencies. The summaries are divided into six areas: (1) a statistical description of the program site, (2) progress report, (3) administration and staff training, (4) parent participation, (5) family needs and program services, and (6) appendices with sample Project Home Start record forms. An effort has been made by the field staff in these reports to specifically describe the working relationship between program goals and objectives as developed by each local unit, compared with the services actually provided to families. (CS)

ED 092225

U S DEPARTMENT OF HEALTH.
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

PS

# Home Start Evaluation Study

## interim case studies IIb

Fall 1972

PS 007301

ED 092225

# HOME START EVALUATION STUDY

REPORT II

FALL 1972

This Report Was Prepared For:

The Department of Health, Education and Welfare
Office of Child Development
Early Childhood Research and Evaluation Branch

Under HEW Contract No. HEW-OS-72-127

by:

High/Scope Educational Research Foundation
Ypsilanti, Michigan

and

Abt Associates, Inc.
Cambridge, Massachusetts

PS 007301

# CASE STUDIES

## VOLUME 11b

# TABLE OF CONTENTS

LOCAL HOME START CASE STUDIES

- BINGHAMTON, NEW YORK
- FRANKLIN, NORTH CAROLINA
- CLEVELAND, OHIC
- HARROGATE, TENNESSEE
- HOUSTON, TEXAS
- WESLACO, TEXAS
- MILLVILLE, UTAH
- PARKERSBURG, WEST VIRGINIA

Case Study II Fall 1972

# Project Home Start
Binghamton, New York

Principal Author: Marrit Nauta

## TABLE OF CONTENTS

PAGES

- Preface - Case Study Design i
- IN BRIEF ii

I. PROGRESS REPORT 1
  A. Impressions - October 1972 1
  B. Program Update 3

II. ADMINISTRATION AND STAFF TRAINING 6

III. PARENT PARTICIPATION 10

IV. FAMILY NEEDS AND PROGRAM SERVICES 12
  A. Program Goals and Priorities 12
  B. Assessment of Needs 14
  C. Program Components: Objectives, Services, Needs 17
    1. Education 17
    2. Health 21
    3. Psychological/Social 25
    4. Nutrition 29

APPENDICES

A. Case Study I, Summary Spring 1972

B. Project Home Start Records

# PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study is developed after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations, for the four service components (health, education, nutrition, psychological and social service) were termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

---

[1] See Section IV. An "Assessment of Needs" for detailed description.

STAFF POSITIONS: Executive Director, Mother's Group Moderator, Children's Group Moderator, Assistant Mother's Group Moderator, Assistant Children's Group Moderator, Home Visitor I (2), Home Visitor II (2), Secretary-Bookkeeper, Secretary-Receptionist.

POSITIONS OPEN: Educational Coordinator (see Program Update on Staffing).

## CHILDREN

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL HOME START CHILDREN: | 85 | | 78 | | - 7 | - 8% |
| TOTAL CHILDREN (ELIGIBLE FAMILIES): | | | | | | |
| 0-12 months: | 45 | 19% | 10 | 4% | N/A[1] | |
| 13-24 months: | | | 17 | 6% | - | |
| 25-36 months: | | | 26 | 9% | - | |
| 37-48 months: | 85 | 35% | 54 | 20% | - | |
| 49-60 months: | | | 44 | 16% | - | |
| 61-72 months: | | | 36 | 13% | - | |
| 6-9 years: | 112[2] | 46% | 56 | 20% | - | |
| 10-13 years: | | | 25 | 9% | - | |
| 14-18 years: | | | 6 | 2% | - | |
| ETHNICITY OF FOCAL CHILDREN:[3] | | | | | | |
| Anglo: | 55 | 80% | 67 | 86% | N/A[3] | |
| Black: | 6 | 9% | 6 | 8% | - | |
| Chicano: | 0 | | 0 | | - | |
| Indian: | 1 | 1% | 0 | | - | |
| Oriental: | 0 | | 0 | | - | |
| Other: | 7 | 10% | 5 | 6% | - | |
| SEX OF HOME START CHILDREN: | | | | | | |
| Female: | 35 | 41% | 35 | 45% | 0 | |
| Male: | 50 | 59% | 43 | 55% | - 7 | - 14% |

---

[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Fall 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start children; Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

BEST COPY AVAILABLE

## IN BRIEF

OCTOBER 1972

### GENERAL

| | |
|---|---|
| TYPE OF PROGRAM: | Urban |
| SPONSORED BY: | Delegate - Catholic Social Services<br>Grantee - Opportunities for Broome, Inc. |
| ADMISSION CRITERIA: | HEW Head Start Guidelines |
| PROGRAM START-UP DATE: | May 1966 |
| HOURS OPEN: | 8:00 a.m. - 4:00 p.m. |

### FAMILIES

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| ENROLLMENT: | 69 | | 78 | | + 9 | 13% |

### STAFF

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL PAID STAFF: | 18 | | 12 | | + 6 | 33% |
| Full-Time | 12 | 67% | 12 | 100% | 0 | - |
| Part-Time: | 6 | 33% | 0 | | - 6 | - 100% |
| TOTAL IN-KIND STAFF: | 0 | | 1 | | + 1 | infinite |
| Full-Time | 0 | | 0 | | | - |
| Part-Time | 0 | | 1 | 100% | + 1 | infinite |
| ETHNICITY OF STAFF: | | | | | | |
| Anglo: | 14 | 78% | 9 | 75% | - 5 | - 36% |
| Black: | 3 | 17% | 2 | 17% | - 1 | - 33% |
| Chicano: | 0 | | 0 | | - | |
| Indian: | 1 | 6% | 1 | 8% | 0 | - |
| Oriental: | 0 | | 0 | | - | |
| Other: | 0 | | 0 | | - | |
| SEX OF STAFF: | | | | | | |
| Female: | 18 | 100% | 12 | 100% | 0 | - |
| Male: | 0 | | 0 | | - | |

## PARENTS

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL FOCAL PARENTS:[1] | 69 | | 78 | | + 9 | 13% |
| SEX OF FOCAL PARENT: | | | | | | |
| Female: | 69 | 100% | 78 | 100% | + 9 | 13% |
| Male: | 0 | | 0 | | | – |
| Families in which both parents are considered focal parents: | NI | | 0 | | | – |
| EMPLOYMENT OF FOCAL PARENT: | | | | | | |
| Employed:[2] | 25 | 36% | 0 | | -25 | -100% |
| Unemployed: | 34 | 49% | 75 | 96% | +41 | 121% |
| In School or Training: | 0 | | 0 | | | – |
| Unknown: | 10 | 14% | 3 | 4% | - 7 | - 70% |
| EMPLOYMENT OF FAMILIES:[3] | | | | | | |
| Employed, Regular: | NI | | 30 | 38% | | – |
| Employed, Part-Time or Seasonal: | NI | | 3 | 4% | | – |
| Unemployed or Unknown: | NI | | 45 | 58% | | – |

ESTIMATED FUNDING:

| | |
|---|---|
| HEW: | $ 99,989 |
| In-Kind: | 11,770 |
| Total: | $111,759 |

FOR FURTHER INFORMATION, CONTACT:

Louis Conn
Project Home Start
30 Fayette Street
Binghamton, New York 13901

---

[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

# NOTE

Extensive program and staff changes were in progress at the Binghamton, N.Y. Home Start program during the case study visit and in the weeks thereafter. While these changes are described in detail in subsequent chapters, they are summarized below to give the reader an overview of Project Home Start as it operated in the Fall of 1972. Changes concern:

- The resignation of Dr. Dorothy Gradel, Executive Director of Project Home Start.
- The election of a new Home Start Advisory Council to be composed of eligible mothers. In addition, the 100 "guest" mothers who do not meet the new eligibility guidelines and who until now have participated in the program on a limited basis will be phased out at the end of the program year. These "guest" mothers were enrolled in the program prior to OCD funding.
- The resignation of Lynne Sperling, the Mothers' Group Moderator.
- Increased staffing for home visit activities with the phasing out of the childrens' group meetings and a decrease in the number of mothers' group meetings.

# I. PROGRESS REPORT

## A. Impressions -- Fall 1972

There's only time for a brief 15-minute staff meeting each morning at Binghamton Home Start before Home Visitors, Group Moderators and their assistants scatter for a busy day of activities. The mothers and children who will be meeting this morning are picked up by the Moderators or their assistants in the new green and yellow eight-passenger vans the program has leased for a two-year period.

Children are brought to Project Home Start once every two weeks for a group experience. At the center, the children sing songs with Eugenia, the new Children's Group Moderator, do rhythm exercises or play downstairs in the cellar with the tricycles and large wagon the program has obtained. In October, the children were experimenting with Jell-O, mixing it with water, dumping it from a small container into a larger one, and sticking their fingers in it to check the consistency. The children loved this messy experiment and very willingly helped staff clean up afterwards.

While the children are at the center, their mothers meet at one parent's home to discuss a wide array of topics. At the end of October, they were electing representatives for the new Home Start Advisory Council which will be formed soon. All representatives must meet eligibility requirements for Home Start. Lynne Sperling, the new Mothers' Group Moderator, has the difficult task of informing mothers not eligible under the new guidelines that they cannot serve as members of this board. She must also prepare those who will stay for a basic program change. At the end of this program year, all "guest" mothers, those who were with the program prior to OCD funding and who are now ineligible, will be phased out of group activities. The guest mothers are upset: some of them initiated the original program and worked hard to get additional funding.

While the group meetings are going on, each of the four Home Visitors is visiting with one of her 20 families. Each Home Visitor has a caseload of a range between 15 to 20 families. This means that Home Visitors can see their families only twice a month. Home Visitors would like to spend more time with their families, but time constraints make weekly visits impossible just now.

B. Program Update

There have been a number of changes at Project Home Start during the past six months in terms of family enrollment and staff. Further changes in staff and administration are anticipated, following a visit by National Home Start staff and the Regional OCD Representative at the end of September (see Section II, Administration and III, Parent Participation).

Staff

In Spring, five staff members were assigned to coordinate and conduct home visit activities at Project Home Start, while four others devoted their time almost entirely to group meetings. In October, the home visit staff was reduced to four with the resignation of one Home Visitor. To continue service to all families, Christina Guley, the Educational Coordinator, decided to relinguish her supervisory duties and become a Home Visitor herself. Since Christina already served a limited number of families in her former position, the caseloads of the other Home Visitors were increased from 15 to 20. Christina is quite pleased with this change in responsibilities since she did not feel comfortable supervising mostly older or more experienced staff.

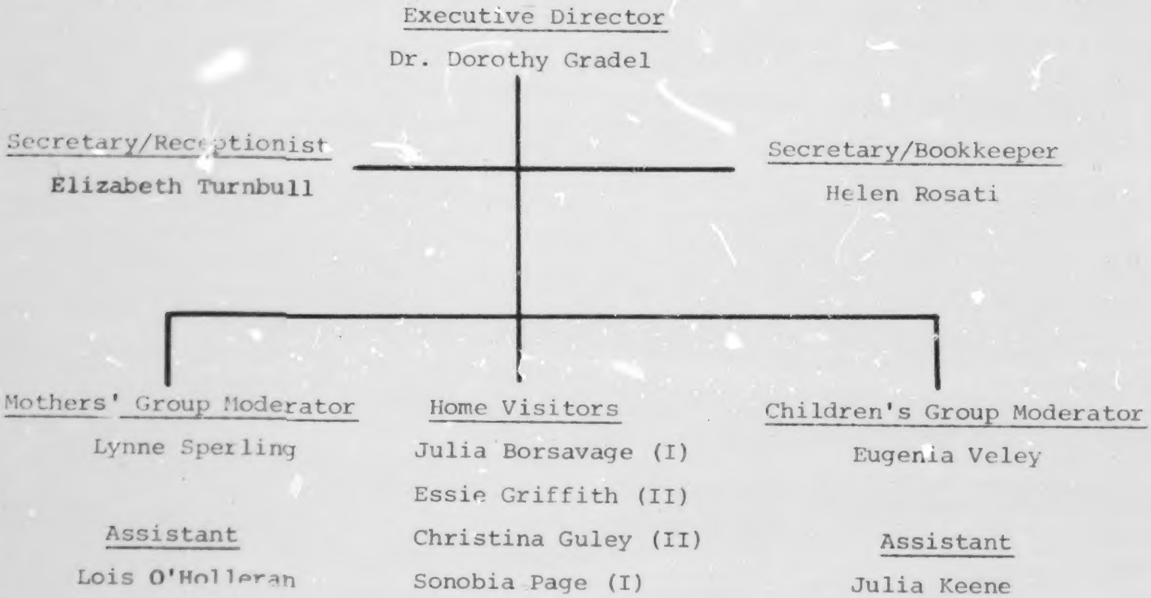
No plans are presently being made to hire a replacement for Christina due to limited funding. Dr. Dorothy Gradel, Director of the program, would prefer to have an Associate or Assistant Director to take over responsibility for curriculum development, coordination of services, and the direct supervision of Home Visitors and group personnel. This would free the Director to devote more time to program administration, overall planning, budgeting, and community relations.

The rate of turnover for families has been approximately 5% during the past six months. Incomes of Home Start families range from under $2,000 to between $6,000 and $8,000. Only five families have incomes above $6,000. Some 18 earn under $6,000 a year; 34 have incomes of under $4,000; and 21 families have incomes less than $2,000.

A number of families participate in several other federal programs although records do not show whether or not most families participate in all the programs listed. Food stamps are received by 38 Home Start families; 50 families are

PROJECT HOMESTART

## Revised Staffing Chart



**Executive Director**
Dr. Dorothy Gradel

**Secretary/Receptionist**
Elizabeth Turnbull

**Secretary/Bookkeeper**
Helen Rosati

**Mothers' Group Moderator**
Lynne Sperling

**Assistant**
Lois O'Holleran

**Home Visitors**
Julia Borsavage (I)
Essie Griffith (II)
Christina Guley (II)
Sonobia Page (I)

**Children's Group Moderator**
Eugenia Veley

**Assistant**
Julia Keene

enrolled in Aide for Dependent Children, 58 in Medicaid; some 24 families live in public housing projects.

## Parent Participation

Group meetings have been conducted bi-monthly since the start of the new program. Presently, there are 13 mothers' groups and 10 groups of children. Participation of fathers in group activities has so far been minimal.

There has also been a change in staffing for group meetings. Both mothers' and childrens' groups have new Moderators. Lynne Sperling,[1] the new Mothers' Group Moderator, joined the program this summer. She has a B.A. in Anthropology and served as a Head Start Social Services Worker prior to coming to Home Start. Lynne finds her new responsibilities often exhausting and somewhat frustrating. "Group meetings are a constant experimentation," she notes. "It's extremely difficult to zero in on what is most important to the parents, and we only occasionally hit a topic that is relevant to all of them."

In addition to Lynne, a new Moderator, Eugenia Veley, was hired for the Childrens' Group. Genie is a Home Economics major and has teaching certificates in both Home Economics and Art. The children's groups now seem to be more organized than they were in May. Genie is assisted by a part-time Neighborhood Youth Corps staff member and a number of parents who get paid $5 per meeting for helping out.

## Families

Family enrollment over the past six months has increased from 69 to 78. All of these families meet Home Start eligibility requirements. In addition, 100 non-eligible families who were enrolled prior to OCD funding are participating in the group meetings on a bi-monthly basis. At the directive of the Home Start Program in Washington, these non-eligible families will be terminated at the end of this program year. This will enable staff to concentrate their efforts more on eligible families and to increase the number of staff presently responsible for home visit activities.

---

[1] Lynne resigned at the beginning of November to devote her attentions to her own family.

# II. ADMINISTRATION AND TRAINING

## Organization and Planning

With a change in the overall staffing profile of Project Home Start, Dr. Dorothy Gradel, the Home Start Director, now has general responsibility for program administration and planning, curriculum development, community relations, and staff supervision. Like all other staff, Dorothy feels overburdened with work, unable to provide the kind of support and supervision staff members have indicated they need. "We really need someone to accompany us on home visits and to tell us how we are doing," says one of the Home Visitors. The Group Moderators similarly feel a need for someone experienced in group work and early childhood education to evaluate their performance and provide some technical assistance in dealing with special problems. While Dorothy's door is open to all staff, she is unable to provide this type of support at the present time.

In addition to daily 15-minute staff meetings, all Project Home Start staff get together bi-monthly for a full-day staff meeting. These meetings are used to discuss curriculum, record-keeping and other matters pertaining to program administration.

During the past six months, Dorothy has had to deal with feelings of insecurity on the part of the staff and sometimes overt resentment about program administration and planning. Both staff and non-eligible Home Start mothers ofen regarded Dorothy as the agent of change, without understanding the rationale for changing the old Homestart Program and the necessity to comply with the new Home Start guidelines in order to obtain funding. While progress is being made in staff communications and staff awareness of Dorothy's responsibilities for program administration, Dorothy feels she can give no more. "I have tried for a period of one year," she says, "and I feel I haven't accomplished what I set out to do." Dorothy resigned as the Director of Project Home Start at the end of September and will be leaving the program sometime in November when a new Director has been named.

As we noted earlier, the National Home Start Staff has recommended to the Regional OCD Representative that an Associate Director be hired next year to be responsible for staff supervision and curriculum development. Other recommendations by the National Office include a decrease in staffing for the group meetings after the non-eligible mothers have been phased out of the program next March, and an increase in home visit staff. At the present time, plans are being made to promote the Assistant Mothers' Group Moderator to a Home Visitor position as soon as she obtains her driver's license. Group meetings for the children are to cease altogether at the end of February but may be discontinued as early as December.

In general, staff, families and community representatives are discouraged with the proposed program changes. While the changes will decrease the caseload for the Home Visitors, they strongly feel that their local option has been taken away by the National Home Start Program. "The group activities of Project Home Start made this program unique," Dorothy stated.

## Record-keeping

Home Visitors, in addition to the records required for the Home Start Information System, maintain a family log which includes a narrative report on each visit Another record keeps track of activities undertaken during the home visit with the child. Both records are filed in a family folder.

To determine the needs and strengths of the focal children enrolled in Project Home Start, an individual child summary sheet is completed for each child. On this sheet, Home Visitors indicate the child's abilities in terms of large, small, and perceptual motor activities, and language and social-emotional development. Other notations are made on the sheet if the child has special problems. All three Project Home Start records are included in Appendix B.

Group Moderators keep records regarding participation in the group meetings. No formal notes are made on special problems of participants although observations are shared with the Home Visitors on an informal basis.

## Staff Training and Development

All Home Start staff, with the exception of the new Group Moderators, participated in a comprehensive pre-service training program conducted by the local Red Cross organization with participation from other community specialists.

In-service training has been provided two days a month. During the past six months, staff participated in a session on record-keeping, confidentiality, and "feelings versus facts" by Jack O'Rourke of Catholic Social Services. A social worker from the same organization, Ron Wyckoff, talked with staff about crisis intervention and how to match Home Visitors with families. In addition, staff participated in a 24-hour course on Parent Effectiveness Training which was conducted by a Youth Minister from the First Congregational Church, and training in curriculum development by Gary Johnson, a developmental psychologist at Harpur College in Binghamton. Gary talked with staff about establishing quantifiable objectives for enrolled families and whether this can be done before staff knows where families are at, where they are going and how the project can expect families to progress. This training session resulted in the development of the Individual Child Summary Sheet discussed above.

Some of the Home Visitors and Group Moderators also participated in a three-day workshop on early childhood education conducted by the EKNE (Elementary, Kindergarten, Nursery Education) Division of the National Education Association and in a workshop on transactional analysis. Plans are presently being made to hold a training session on role identification to help staff deal with male/female conflicts in their families.

In October, Home Visitors and Group Moderators indicated the following training needs:

- More training in early childhood education and the development of a curriculum.

- Training to assist Home Visitors and other staff in working with parents and children.
- Assistance in writing social casework notes.
- Perhaps a course in self-defense to give the Home Visitors more confidence in entering certain neighborhoods in the city.

## III. PARENT PARTICIPATION

The 78 eligible families enrolled in Project Home Start were electing representatives to the new Home Start Advisory Council at the end of October. At the directive of Regional OCD Representative Caroline Gionta, the old board which consisted primarily of non-eligible mothers was dissolved. A new Council will be formed in the near future consisting of 16 eligible mothers, two alumni mothers (guest mothers), and 10 community representatives. Policy will be set according to Head Start guidelines. The new Council will select one representative to serve as a member of the Head Start Policy Council and another to serve on the Board of Opportunities for Broome, Inc., the Grantee Agency for Project Home Start. The Council will meet monthly.

The mothers who served as members of the old advisory board are extremely disappointed that they can no longer be involved in setting policy and even more distressed that their participation in the program will soon cease. They do not really understand the need for new program guidelines and a study to determine the effectiveness of a home-based program. "They ought to look at me now and find out who and what I was six years ago," one of the parents says. "We have finally been pushed out," says another mother.

Catholic Social Services, the Delegate Agency for Home Start, is presently trying to obtain funding for non-eligible mothers so that a case-worker can be assigned to them and group meetings can continue on a bi-monthly basis. Jack O'Rourke of this organization is planning to meet with representatives of the old board first, however, to determine exactly what the parents want from such a program. Parents strongly feel they will not make the same mistake they did last year when they made their bid for OCD funding without recognizing the conditions that were attached to it.

Parent participation in group meetings has been excellent, with 67 of the 78 eligible families actively involved. The program expects, however, that parent participation will decrease once the children's group meetings have been discontinue

# IV. FAMILY NEEDS AND PROGRAM SERVICES

## A. Program Goals and Priorities

- Program objectives designed to strengthen parents' capacity for facilitating the development of their own children:
  - to help parents become aware of their potentials for self-determination;
  - to build parental self-confidence, once they are aware of their capacities for self-determination;
  - to help parents to discover and use community resources that will benefit them and their children;
  - to enlarge parental knowledge and skills by discussion and demonstration of home management, health techniques, money management, consumer buying, food preparation, family planning, sex education, narcotics, drug abuse, alcoholism, first aid techniques, home health care, and others;
  - to help parents to understand the importance of male and female role figures for the development of their children.
- Program objectives designed to involve parents directly in the education of their children:
  - to increase parental understanding of their children as unique individuals with special needs;
  - to increase parental understanding of the need for activities to develop interpersonal relationships within the family;
  - to increase parental understanding of their role in the cognitive development of their children;

- to increase parental understanding of a child's need to experience a feeling of accomplishment;
- to develop parental skills in selection and use of tools and techniques for the education of their children;
- to increase parental understanding of the relationship between the many facets of early childhood development, for example the physical, social and psychological needs of the child;
- to stimulate parents to enjoy the challenging experiences of raising children.

- Other Program objectives include the following:
  - to provide educational and socialization opportunities for both parents and children in groups, including:
  - Mothers' group meetings
  - Children's group activities.

Following the completion of the needs assessment instruments and interviews with all Home Visitors, needs were analyzed. Priorities for Project Home Start families are as follows:

For Children

1. Health
2. Psychological/Social
3. Education
4. Nutrition

For Parents

1. Psychological/Social
2. Health[1]
3. Education
4. Nutrition

---

[1] As is indicated in the subsequent sections of this report, health needs do not appear to be critical. Staff believe, however, that both children and families would benefit from having a family doctor for comprehensive medical services, rather than using well-baby conferences or hospital clinics for emergency care.

B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference, September 1972 in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the October Program visit by case study staff.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessment sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services and priorities.

To complete the needs assessment forms, Home Visitors met individually with their families to determine overall family needs and reflect family priorities. Home Visitors were only able to complete needs assessment forms on 51 families as a result of staff turnover. Staff feel, however, that the 51 families for which a needs assessment instrument was completed represent a good cross-section of enrollees.

## SUMMARY OF
## FAMILY NEEDS ASSESSMENT SHEETS

### Health

| Problems/Needs | # of Children | Problems/Needs | # of Parents |
|---|---|---|---|
| Family doctor | 11 | Family doctor | 15 |
| Eye examination or correction of specific eye problems | 3 | Dental | 6 |
| Physicals | 2 | Medicaid | 3 |
| Immunizations | 2 | Physical examinations | 2 |
| Corrective shoes | 1 | Hearing screening | 1 |
| Hearing examination | 1 | Assistance with obesity problems | 1 |
| General health needs (not specified) | 7 | General health needs (not specified) | 3 |
| | 27 | | 31 |

### Education

| Problems/Needs | # of Children | Problems/Needs | # of Parents |
|---|---|---|---|
| Preschool | 3 | Job training or GED | 17 |
| Speech therapy | 3 | Speech therapy | 3 |
| Increase of attention span | 1 | General educational needs (not specified) | 1 |
| Hyperactive | 1 | | 21 |
| General education needs (not specified) | 7 | | |
| | 15 | | |

### Nutrition

| Problems/Needs | # of Children | Problems/Needs | # of Parents |
|---|---|---|---|
| Better balanced meals | 3 | Better balanced meals | 2 |
| | | Food stamps | 2 |
| | | More money to buy food with | 2 |
| | | Nutrition Aide | 1 |
| | | General nutrition needs (not specified) | 1 |
| | | | 8 |

## Social/Psychological

| Problems/Needs | # of Children |
|---|---|
| Clothing | 6 |
| Counseling | 3 |
| General psycho/soc. needs (not specified) | 7 |
| | 16 |

| Problems/Needs] | # of Parents |
|---|---|
| Housing | 16 |
| Counseling | 10 |
| Financial assistance | 5 |
| Self-concept improvement | 3 |
| Furniture and clothing | 4 |
| Group interaction | 2 |
| Budgeting | 2 |
| Employment | 1 |
| Legal assistance | 1 |
| Assistance with child rearing and discipline | 2 |
| General psych/soc. needs (not specified) | 4 |
| | 50 |

## C. Program Components: Objectives, Services, Needs

### 1. Education

#### Objectives -- Spring 1972

In May, staff had difficulty formulating specific program objectives since they felt families in general had different needs, some of which could not be met in a six-month period. To assist staff in setting quantifiable objectives for each of the enrolled families, a form was developed and introduced on which the focal child's abilities could be noted and evaluated periodically. Specific objectives discussed in May and stated in the proposal for the Binghamton Home Start Program were:

- To help prepare the child for school.
- To increase the attention span of the children.
- To increase parental understanding of their role in the cognitive development of their children.
- To increase parental understanding of a child's need to experience a feeling of accomplishment.
- To develop parental skills of the relationship between the many facets of early childhood development--for example, the physical, social and psychological needs of the child.
- To stimulate parents to enjoy the challenging experiences of raising children.

#### Objectives Achieved

Staff generally feel that the process of making parents more aware and preparing the child for school is a gradual one which cannot be achieved in a short period of time. Progress is being made, however.

Home visits are held bi-monthly, supplemented by group meetings for both the mothers and the children. Home Visitors report that they spend an average of 49% of the time they are in the home carrying out educational activities. They are careful to note, however, that these activities also could be classified as psychological/social services and they often find it difficult to make a clear-cut distinction between the two components. Staff who coordinate group activities for mothers and the children spend approximately 26% of their time on educational activities.

During the past six months, steps were taken to introduce a curriculum for home visit activities. The introduction of the curriculum, "School Before Six--A Diagnostic Approach," was prepared by Cornell University, and was the responsibility of the Educational Coordinator, who felt her own efforts were largely unsuccessful. The Director and Home Visitors agree that additional training is needed in the use of the curriculum. Since the Educational Coordinator is now devoting her time solely to home visit activities, the Director has taken over responsibility for the curriculum aspect of the program. In September and October, activities with the children focussed on gross motor development; November and December will be used to introduce small motor exercises.

Materials used for the home visits have largely consisted of "beautiful junk." Emphasis has been placed on materials already in the home and on everyday tasks such as tying shoelaces, learning how to button a coat, and so on, to make parents aware that children can learn without expensive new toys and educational materials. Home Visitors strongly feel a need for more training in early childhood education and would like to have access to more educational materials. Some games are available from the Home Start Children's Center, although frequent use of these materials is discouraged.

Home visits are supplemented by bi-monthly group meetings for focal children and other children in the home who are not attending school. Children sing, play on the jungle gym, participate in rhythm exercises, ride a tricycle, play with puzzles and crayons, build towers with blocks, etc. The children are from time to time taken on field trips to the park, a cider mill or a pumpkin farm. Transportation to and from the center is provided by Project Home Start.

For children with special education problems, referrals are arranged to agencies in the community such as the Cerebral Palsy Clinic for speech therapy, and various preschool programs. Twenty-four focal children, while participating in Home Start, are also enrolled in pre-kindergarten on a part-time basis. Three others are in kindergarten, the Model Cities preschool program, and Head Start. (Special permission was obtained from OCD to enroll this child in Head Start.) A referral also was made to Broome State School for evaluation.

According to a long-standing Home Start tradition in Binghamton, two seminarians were recruited part-time for the summer to undertake a six-week program for out-of-school siblings of focal children. This educational and recreation program makes it possible for Binghamton mothers to continue to participate in bi-monthly group meetings. While the mothers met, the two seminarians and 14 NYC workers conducted an arts and crafts program and took older children on nature hikes. Transportation to the park in which most activities were held was provided by the city's Recreation Department.

Project Home Start also made arrangements for 58 camperships for older siblings at the YMCA, YWCA, Boys' Clubs, Girls' Clubs, Girl Scouts, etc. Funding for these camperships came from the United Fund.

Parents actively participate in home visit activities designed to make them aware of their child's special needs and to involve them in the child's educational development. Efforts at increasing parent awareness also are underway in the mothers' groups. While the group meeting focuses more on psychological and social needs of the parents, lots of discussion centers around parent feelings toward a child, special problems parents are having with the schools, and so on. The interest of these parents in education is strong and is illustrated by the fact that they themselves invited a public school official to discuss community schools with them. A number of Home Start mothers are also actively involved in the mini-councils for Title I Compensatory Education.

During the past six months, referral activity for the educaitonal needs of parents has been limited. Two parents were referred for job or skill training and arrangements for a tutor were made through Literary Volunteers to assist one parent in upgrading writing and reading skills.

## Needs -- Fall 1972

As noted earlier, educational needs of both parents and children ranked third in terms of program priorities according to the needs assessment instruments that were completed for 51 families. Home Visitors indicated the following needs for children:

| | |
|---|---|
| Need for preschool education | 3 |
| Speech therapy | 3 |
| Increase in attention span | 1 |
| Alleviating hyperactivity | 1 |
| General Education needs (not specified) | 7 |

For parents, Home Visitors indicated:

| | |
|---|---|
| Need for job training or GED | 14 |
| Speech therapy | 3 |
| General educational needs (not specified) | 1 |

## Additional Arrangements for Meeting Needs

These arrangements for the future will be made when staff changes are completed.

## Objectives -- December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

## 2. Health

### Objectives - Spring 1972

Objectives identified in May for health services called for:

- Continued care for children at clinics.
- Physical examinations for mothers.
- Increased understanding on the part of parents of the importance of cleanliness.
- Enlarging parental knowledge and skills by discussion and demonstration of health techniques, family planning, first aid techniques, home health care, etc.

### Objectives Achieved

With the exception of physical examinations for mothers, all objectives have been achieved but will continue to be addressed. While objectives have been met in general areas, there still appear to be some specific needs.

Physical examinations and immunizations were arranged for 52 focal children during the past six months All focal children who had not had a physical in the previous three-month period received these medical services by special arrangements with the Public Health Department. However, Home Start's medical consultant, Dr. Hans G. Keital, a member of the American Academy of Pediatrics, pointed out that no arrangements were made for urinalysis and hemaglobin testing, which is not done at the child care conferences. Hearing screening at the conferences is only done through speech testing, and no provisions are made for audiometry testing. Sickle cell anemia and lead poisoning testing are conducted by the Public Health Department. Audiometry testing will be expensive unless it can be conducted by the Head Start Nurse, who has access to appropriate equipment. The medical consultant also noted during his visit the absence of child health records on dental examinations and treatment records are presently being put together, although it is difficult to get copies of medical records from the Public Health Department. Since Dorothy Gradel is a Registered Nurse, she may be able to obtain permission to copy these records.

Approximately 84 health referrals were made for focal children during the first six months of operation. It should be noted, however, that the program Referral

Report may lack information regarding certain health referrals, since accurate medical and dental records are lacking.

The Public Health Department and child care conferences were the main recipients of referrals for well-baby care of children. For the treatment of illness and specific medical problems, children were referred to a pediatric clinic, a private pediatrician, hospital clinics and an orthopedic clinic. Referrals also were made to the Blind Work Association for vision testing. Plans are presently being made to screen focal children for vision problems at Project Home Start's center. The testing will be done by the Children's Group Moderator assisted by five volunteers. Dental examinations for focal children are provided free by a private dentist with follow-up care at a reduced rate of $5, which can also be paid through Medicaid. In addition, toothbrushes for the children and red pills to determine whether brushing was adequate were donated to the program by the American Red Cross and Colgate-Palmolive Company.

During the past six months, a total of 20 referrals were made for parents. The main recipient of these referrals has been the Family Planning Clinic of Planned Parenthood for birth control. Physical examinations are being arranged for mothers through the Family Practice Clinic in nearby Johnson City which also provides comprehensive health care services for the entire family. The clinic is a residency training program for physicians interested in family practice. Doctors at the clinic have agreed to continue to provide services to Home Start families after they have completed their residency requirements. The clinic charges $7 for a two-hour comprehensive physical examination for adults. Counseling services are also provided by the clinic. Project Home Start is extremely pleased with the cooperation from the clinic, since there is a tremendous shortage of doctors who will take Medicaid patients in the Binghamton area.

Home Visitors report they spend 19% of the time they are in the home discussing health care with the mothers. Group Moderators spend 12% of their time on health. A number of health-related topics have been addressed in the mother's group meeting, such as a filmstrip for 5 to 8 year olds on "How Babies are Made", which led to a discussion of sexual behaviors and the need for sex education; presentations on birth control by representatives from Planned Parenthood; and a film from the cancer society to inform mothers about the benefits of a pap smear and to teach them to examine their breasts routinely.

## Additional Arrangements for Meeting Needs

Plans are presently being made to introduce materials on infant safety developed by the American Red Cross and to talk with mothers about symptoms of illnesses and when to call a doctor. Mothers also will be provided with immunization charts and a chart of childhood diseases.

## Needs - Fall 1972

Health needs ranked first in terms of program priorities for children and second for parents.

| Problems/Needs | # of Children |
|---|---|
| General health needs (not yet specified) | 7 |
| Eye examinations | 3 |
| Physicals | 2 |
| Immunizations | 2 |
| Corrective shoes | 1 |
| Hearing examinations | 1 |
| Dental examinations | 1 |
| Family doctor[1] | 11 |
|  | 28 |

| Problems/Needs | # of Parents |
|---|---|
| Family doctor[1] | 15 |
| Dental examinations | 6 |
| General health needs (not specified) | 3 |
| Medicaid | 3 |
| Physicals | 2 |
| Hearing examinations | 1 |
|  | 30 |

Program staff plan to use the community resources they are currently working with to correct health problems that were indicated in October.

---

[1] A number of Home Visitors indicated a need for a family doctor for both the children and the parents. It should be noted, however, that almost all of the children are enrolled in the Child Care Conference of the Public Health Department and obtain emergency care at hospital clinics. Home Visitors feel that family physicians would greatly improve the general health of the families and that they would be able to provide more comprehensive medical services.

## Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

## 3. Psychological/Social Services

### Objectives -- Spring 1972

Program objectives identified in May were:

- To help parents become aware of their potentials for self-determination.
- To build parental confidence, once they are aware of their capacities for self-determination.
- To help parents discover and use community resources that will benefit them and their children.
- To help parents to understand the importance of male/female role figures in the development of their children.
- To provide education and socialization opportunities for both parents and children.
- To improve the self-concept of the parents.

Work is continuous in the achievement of these objectives. Mothers who have been with the program for six years would agree; they are still somewhat dependent on the program. The process of developing capacities for self-determination and improving the self-concept of parents is a gradual one.

### Objectives Achieved

Home Visitors report that they spend an average of 21% of their home visit time discussing psychological and social problems, although some of the educational activities undertaken in the home also could be classified as psychological and social services. Group Moderators and their assistants spend 53% of their time in providing services in this area.

The home visits and group meetings are designed to improve the child's self-concept and build his self-confidence: special activities are being undertaken in the home to acquaint the child with his environment, staff take the children on field trips occasionally, and group meetings are used to teach the child to be and play with other children and to help him learn to share with others. During the summer, in addition to the arrangements for camperships (see Education), 12 children were taken to New York City by the Police Department.

A number of referrals were made to meet special child needs during the first six months of operation. One child was referred to a Foster Home, another to the Child Welfare Department of Binghamton Social Serivces for protective services. For mental health and retardation problems, children were referred to the Mental Health Clinic and the Association for Retarded Children. When a child is born to one of the Home Start mothers, arrangements are made for a layette for the baby through the Patronesses.

The mothers' group meetings deal directly with the psychological and social needs of families. In October, groups were talking about feelings and how parents handle them, following a discussion by a social worker from the State Hospital entitled "I'm O.K., You're O.K." They discussed how parents talk with children, and ways mothers can help their children communicate their feelings, --to say to an angry child, for example: "You really feel that way, don't you?" rather than getting angry oneself. Mothers talk about the importance of listening to their children and being tuned in.

The group meetings are designed to help parents to better cope with life and problems, and to improve parents' self-concept and self-confidence. Mothers are learning in the groups to accept one another and find out that their problems are not unique. To help parents be more positive about life, one of the Home Visitors suggested to the Group Moderator that she get parents thinking and talking about "good things that have happened"--to start looking for good things rather than always expecting the worst.

Group meetings are also used to introduce a wide array of topics, such as child abuse, housing and tenants' rights, drug abuse, etc. A number of agencies in the community volunteered the services of one of their representatives to talk with the mothers. The Group Moderator also is planning to introduce a session on role definition.

Referrals for parents during the past six minths included those to Binghamton Social Services for welfare, Catholic Social Services, the Mental Health Clinic and the out-patient clinics of the State Hospital for counseling, psychological or psychiatric care. Parents also were referred to Solo Parents and Parents Anonymous, an organization of parents concerned with child abuse. Both staff and parents are actively involved in this organization.

For housing needs, referrals were made to the Binghamton Housing Authouity, Urban Renewal Placement and Metro Housing. Staff indicate that finding suitable low-rent housing for their families is a problem. Referrals for employment were made to the New York State Employment Service and State Hospital. Furniture and clothing can be obtained through Project Concern and the Nearly New Shop, where needy families can get clothing at no charge or for a nominal fee upon referral from Project Home Start. Approximately 59 referrals were made by Home Start to meet the psychological and social needs of parents.

### Needs -- Fall 1972

Needs for Psychological and Social Services ranked first in priority for parents, and second for children. Home Visitors identified needs for 17 children, including:

| | |
|---|---|
| General psychological/social needs (not specified) | 7 |
| Clothing | 6 |
| Counseling | 3 |

### For Parents

| | |
|---|---|
| Housing | 16 |
| Counseling | 10 |
| Financial Assistance | 5 |
| Improvement in self-concept | 3 |
| Furniture and clothing | 4 |
| General psychological/social needs (not specified) | 4 |
| Increased group interaction assistance | 2 |
| Budgeting | 2 |
| Employment | 1 |
| Legal assistance | 1 |
| Assistance with child discipline and child rearing | 2 |

### Objectives - December 1973

Program staff are in the process of preparing measurable objectives for services in this component.

## 4. Nutrition

### Objectives - Spring 1972

Objectives identified in May called for:

- Stimulating better eating habits.
- Making parents aware of the nutritional needs of children.

### Objectives Achieved

Home Visitors report that they spend approximately 12% of the time they are in the home discussing nutrition with the mothers. Group Moderators and their assistants spent 9% of their time on this topic. While the children are in the center for group activities, they are served juice and cookies. As was noted earlier, children are allowed to experiment with different types of food, such as Jell-O, and they love the center's toy stove and refrigerator.

Nutrition is occasionally a topic in the mothers' group meetings, and the Moderator has discussed Dairy Council materials on the four basic food groups. Mothers also were shown a filmstrip entitled "Feeding your Children" which dealt with iron intake, vitamins, the need for adequate rest, and how nutrition relates to the child's learning abilities.

Referral activity for nutrition has been minimal, although 19 parents were referred to the Home Economics Division of the New York-Pennsylvania Cooperative Extension Service for information on nutrition and participation in the Nutrition Aide program. The Public Health Department also provides assistance to families to alleviate malnutrition and poor sanitary practices in food preparation. This service has not been used to date. One mother was referred to Weight Watchers.

### Needs - Fall 1972

Nutritional needs were indicated for three children and nine parents of the 51 for which needs assessment forms were completed. Nutrition ranked fourth for both children and parents as priorities. Three children were said to need better balanced meals.

Parents needs were listed as:

| | |
|---|---|
| Better balanced meals | 3 |
| Food Stamps | 2 |
| More money to buy food | 2 |
| Nutrition aide | 1 |
| General nutritional needs | 1 |

Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

# APPENDIX A

## CASE STUDY I: SPRING 1972

## SUMMARY

# BINGHAMTON HOME START PROGRAM
NEW YORK

## CASE STUDY I - SUMMARY

NEW YORK

[The following summary describes the program as it was in May 1972. A complete documentation of the program at that time can be found in Home Start Evaluation Study, Interim Report 1a (case studies).

The current Binghamton Project Home Start is an urban program which has been in operation since 1966. Since OCD funding became available in March 1972, however, the program has changed to meet the new guidelines; its name has changed slightly from Homestart, the original home visit program begun in 1966, to Project Home Start. Originally, services to families were provided in three ways: mothers met in the neighborhood homes and children's groups in the Homestart center, while the outreach worker functioned on a one-to-one basis with the mother. Since most of the former Homestart families who fought so hard to obtain additional funding for the program are no longer eligible under the new guidelines, special permission was obtained from the Office of Child Development to continue to involve these families in bi-monthly group activities. At the end of may, 177 families were participating in the Home Start program.

The large participation has created somewhat of a burden for the staff--four staff members are devoting considerable effort to making arrangements for the additional group meetings and to transporting the children back and forth to the three-room children's center at Project Home Start. As a result of the age differential of the children who come to the center--Home Start children as well as their brothers and sisters--it has been difficult to plan specific educational activities for the children in a group setting.

Seventy-eight of the families enrolled in the Program meet OCD guidelines and are being visited once a week by one of the four Home Visitors.

## Staff

The staff consists of the Executive Director, an Educational Coordinator, a Mothers' Group Moderator, a Childrens' Group Moderator, Assistant Mothers' Group Moderator, Assistant Childrens' Group Moderator, four Home Visitors, a Secretary-Bookkeeper and a Secretary-Receptionist. The Group Moderators and their assistants have primary responsibility for arranging group activities and for transporting children to the Home Start center. The Educational Coordinator coordinates the educational component of the program and also makes a limited number of home visits. The four Home Visitors have responsibility for the home visits, for making referrals on behalf of their families, and for providing direct services in the home.

## Staff Training

In April, a ten-hour course in social welfare services was conducted for the entire staff by the local Red Cross organization with participation of other community specialists. In addition, some of the Home Start staff participated in a Head Start Regional Training Workshop, a Management and Fiscal Training Conference, and the National Home Start Conference. In-service training will be conducted one day per week on such topics as child development, nutrition, health, parent effectiveness training, etc.

## Services

Most of the services, except for educational services, are provided on a referral basis, and center around existing community resources. The group meetings are used as a means of acquainting families with these resources and for discussion of topics which relate to the four program components.

## Health

Since the start of the program, physical examinations were given to 54 children and appointments made for the remainder for follow-up care. Dental examinations were being arranged in June for all Home Start children. Home Start works closely with the Health Department and existing well-baby clinics. Services are provided on a referral basis.

## Education

Educational activities undertaken in the home are planned individually for each family by the Home Visitors and the Educational Coordinator. Plans are underway to develop a more structured curriculum designed to meet the needs of Home Start children and to involve parents in the educational development of the child.

## Parent Participation

Policy for Project Home Start is set by the Home Start Advisory Board which has 28 members, 16 of whom are Home Start parents. Since the inception of the program, parents have taken an active role in program planning and administration. Home Start is represented on the Board of the Grantee Agency, Opportunities for Broome, Inc.

## Program Goals and Objectives

The overall goals for the program are:

- To improve the self-concept of parents.
- To give parents a better understanding of sound parent-child interaction.
- To make parents aware of community resources.
- To find a constructive way for "guest" families to leave the program.
- To strengthen parents' capacity for facilitating the development of their own children.
- To involve parents directly in the education of their children.

At the end of May 1972, the program was in full operation, providing a wide range of services to families. Overall program emphasis is on "helping families help themselves" and on assisting them in becoming more self-sufficient. Hopefully, this will enable the project to eventually reduce the number of families that are presently being served.

# APPENDIX B

# PROJECT HOME START RECORDS

BINGHAMTON, N.Y.

INDIVIDUAL CHILD SUMMARY SHEET

CONFIDENTIAL

DATE

CHILD Age:

HOME VISITOR

| | NEEDS AND STRENGTHS | PLANS |
|---|---|---|
| Large Motor | | |
| Small Motor | | |
| Perceptual Motor | | |
| Language | | |
| Social Emotional | | |
| Special Strengths | | |
| Other Important Information | | |

# FAMILY LOG

Date____________________

Family name: ____________________ Birth date: ________________

Target Child: ____________________

| Activities introduced | Follow-up comments | Plans |
|---|---|---|
| Week 1 | | |
| | | |
| | | |
| | | |
| | | |
| Week 2 | | |
| | | |
| | | |
| | | |
| | | |
| Week 3 | | |
| | | |
| | | |
| | | |
| | | |
| Week 4 | | |
| | | |
| | | |

MACON HOME START
Franklin, North Carolina

# Case Study II Fall 1972

# Project Home Start

Franklin, North Carolina

Principal Author: Wynn Montgomery

# TABLE OF CONTENTS

PAGES

- Preface - Case Study Design i
- IN BRIEF ii

I. Progress Report 1
  A. Impressions - October 1972 1
  B. Program Update 2

II. ADMINISTRATION AND TRAINING 4

III. PARENT PARTICIPATION 8

IV. FAMILY NEEDS AND PROGRAM SERVICES 10
  A. Program Goals and Priorities 10
  B. Assessment of Needs 12
  C. Program Components: Objectives, Services, Needs 16
    1. Education 16
    2. Health 19
    3. Psychological/Social 24
    4. Nutrition 28

APPENDICES
  A. Case Study I - Summary, Spring, 1972
  B. 1. Child Health Record
     2. Periodic Health Evaluation

# PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study is developed after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations, for the four service components (health, education, nutrition, psychological and social service) were termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

---

[1] See Section IV. An "Assessment of Needs" for detailed description.

## IN BRIEF

## OCTOBER 1972

### GENERAL

| | |
|---|---|
| TYPE OF PROGRAM: | Rural |
| SPONSORED BY: | Delegate: Macon Program for Progress<br>Grantee: Same |
| ADMISSION CRITERIA: | HEW Head Start Guidelines |
| PROGRAM START-UP DATE: | May, 1972 |
| HOURS OPEN: | 8:00 a.m. - 4:00 p.m., Monday - Friday |

### FAMILIES

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| ENROLLMENT: | 55 | | 63 | | 8 | 15% |

### STAFF

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL PAID STAFF: | 10 | | 11 | | + 1 | 10% |
| Full-Time | 10 | 100% | 10 | 91% | 0 | - |
| Part-Time: | 0 | | 1 | 9% | + 1 | infinite |
| TOTAL IN-KIND STAFF: | 0 | | 10 | | +10 | infinite |
| Full-Time | 0 | | 0 | | | - |
| Part-Time | 0 | | 10 | 100% | +10 | infinite |
| ETHNICITY OF STAFF: | | | | | | |
| Anglo: | 10 | 100% | 11 | 100% | + 1 | 10% |
| Black: | 0 | | 0 | | | - |
| Chicano: | 0 | | 0 | | | - |
| Indian: | 0 | | 0 | | | - |
| Oriental: | 0 | | 0 | | | - |
| Other: | 0 | | 0 | | | - |
| SEX OF STAFF: | | | | | | |
| Female: | 10 | 100% | 11 | 100% | + 1 | 10% |
| Male: | 0 | | 0 | | | - |

**STAFF POSITIONS:** Director, Parent Activity and Education Coordinator, Nurse, Home Visitors (7), Secretary (40%), Bookkeeper (40%)

**POSITIONS OPEN:** None

## CHILDREN

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL HOME START CHILDREN: | 63 | | 63 | | 0 | - |
| TOTAL CHILDREN (ELIGIBLE FAMILIES): | | | | | | |
| 0-12 months: | 29 | 18% | 8 | 4% | | N/A[1] |
| 13-24 months: | | | 28 | 15% | | - |
| 25-36 months: | | | 20 | 11% | | - |
| 37-48 months: | 63 | 39% | 29 | 15% | | - |
| 49-60 months: | | | 22 | 12% | | - |
| 61-72 months: | | | 18 | 10% | | - |
| 6-9 years: | 69[2] | 43% | 26 | 14% | | - |
| 10-13 years: | | | 22 | 12% | | - |
| 14-18 years: | | | 15 | 8% | | - |
| ETHNICITY OF FOCAL CHILDREN:[3] | | | | | | |
| Anglo: | NI | | 63 | 100% | | N/A[3] |
| Black: | NI | | 0 | | | - |
| Chicano: | NI | | 0 | | | - |
| Indian: | NI | | 0 | | | - |
| Oriental: | NI | | 0 | | | - |
| Other: | NI | | 0 | | | - |
| SEX OF HOME START CHILDREN: | | | | | | |
| Female: | 24 | 38% | 24 | 38% | 0 | - |
| Male: | 39 | 62% | 39 | 62% | 0 | - |

---

[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Fall 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start children; Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

## PARENTS

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL FOCAL PARENTS:[1] | 55 | | 63 | | + 8 | 15% |
| SEX OF FOCAL PARENT: | | | | | | |
| Female: | 55 | 100% | 62 | 98% | + 7 | 13% |
| Male: | 0 | | 1 | 2% | + 1 | infinite |
| Families in which both parents are considered focal parents: | NI | | 0 | | | - |
| EMPLOYMENT OF FOCAL PARENT: | | | | | | |
| Employed:[2] | 6 | 11% | 11 | 17% | + 5 | 83% |
| Unemployed: | 48 | 87% | 52 | 83% | + 4 | 8% |
| In School or Training: | 0 | | 0 | | | - |
| Unknown: | 1 | 2% | 0 | | - 1 | -100% |
| EMPLOYMENT OF FAMILIES:[3] | | | | | | |
| Employed, Regular: | NI | | 45 | 71% | | - |
| Employed, Part-Time or Seasonal: | NI | | 14 | 22% | | - |
| Unemployed or Unknown: | NI | | 4 | 6% | | - |

ESTIMATED FUNDING:

| | |
|---|---|
| HEW: | $100,000 |
| In-Kind: | 5,700 |
| Total: | $105,700 |

FOR FURTHER INFORMATION,
CONTACT:

Mrs. Shirley H. Young, Director
Home Start Program
Macon Program for Progress, Inc.
50 East Main Street
Franklin, North Carolina
(704) 524-4471

---

[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

## I. PROGRESS REPORT

### A. Impressions

The parking lot behind the headquarters of the Macon Program for Progress[1] (MPP) offers a scenic view of the colorful fall foliage of the Southern Appalachian Mountains. Parked among the automobiles in the lot are five identical orange and white Chevrolet Blazers, sporting Home Start signs with the Head Start logo. These four-wheel-drive vehicles are used by MPP Home Visitors to negotiate the winding mountain roads which lead to the families served by the local Home Start Program.

Inside MPP's storefront headquarters, five of the seven Home Visitors gather each morning (as they have since home visits began in May) to finalize their plans for the coming day. They sit at their "desks" -- small built-in appendages on one wall of the already narrow hallway -- updating their files, exchanging ideas, sharing successes and frustrations. The enthusiasm which was evident during Home Start's formative days does not appear to have been diminished by the usual frustrations of start-up. Successes seem to have instilled in each Home Visitor even more self-confidence than she showed in May.

---

[1] Macon Program for Progress is the grantee agency which sponsors Home Start.

## B. Program Update

On the surface, the MPP Home Start Program has changed very little since May. There are minor differences in staff organization[1] and family participation; home visit experience has led to some gradual changes in the way staff take care of families.

### Staff

With the addition of two new staff members, the program is fully staffed, although the staffing pattern is slightly different than anticipated last spring.

Initially, a Secretary/Bookkeeper position was planned. Instead, the original Parent Activity and Education Coordinator will spend 40% of her time handling responsibilities of that position; a part-time secretary (two days per week) will assist her and other staff in whatever type of work needs to be d

A new Parent Activity and Education Coordinator was hired in early Fall. The position was filled by Emma Lou Carpenter, a part-time student who will receive her degree in social work from nearby Western Carolina University in December.

### Families

In the MPP Home Start there are currently 63 families enrolled. All but one of these families have yearly income under $6,000; some 45 families have incomes under $4,000 annually. In these families, 62 women and one man are considered focal parents. There are 5 single parent families.

The 63 families have 63 focal children; 26 of the children are 3 years old, 20 are 4 years old and 17 are 5 years old. The Director estimates that focal children will leave the program in spring 1973.

---

[1] See staff organization chart on page 5.

There has been some turnover among Home Start families. Eleven families have terminated for the following reasons:

5 families left Home Start to join Head Start (1 was reinstated);

2 mothers obtained employment and another focal parent was not available;

2 families asked to be terminated due to the disinterest or dissatisfaction of the male family head;

1 mother became ill (due to pregnancy) and could not continue to work with the child;

1 family moved from Macon County.

The Home Visitors have recruited ten new families to replace those which terminated and were not reinstated. In addition, they have recruited enough families to raise the total enrollment from 55 in Spring to 63 in October. This enrollment figure exceeds the level of service (60 families) planned originally; Home Start management at MPP now hopes to increase enrollment to 80 families and to maintain that level of effort.

The decision to recruit additional families represents one important change since May in the staff's assessment of the amount of service they can provide. Several Home Visitors have proved that they can work effectively with 10 - 12 families, and such a workload will become even more manageable once they no longer have to transport the children for physical and dental exams. The final decision concerning enrollment will, of course, be determined by budgetary constraints, but the new attitude reflects increased confidence of all staff in the abilities of the Home Visitors.

This new attitude also is representative of the changes in the MPP Home Start Program -- subtle changes in emphasis and approach to services which will be discussed in conjunction with each of the four components.

## II. ADMINISTRATION AND TRAINING

### Organization and Planning

Responsibility for overall program planning (and for developing specific goals and objectives) rests with the Home Start Director, but these plans must be approved by the Head Start Director and by the Head Start Parent Policy Council, which includes Home Start parents.

Planning for individual families occurs on an informal basis as the need arises. Generally this planning takes place when a Home Visitor brings a problem to the Director. There is no procedure for reviewing individual families on a regular basis.

The original MPP Home Start proposal contained preliminary objectives for all components except Social and Psychological Services. No further planning has occurred in this area. The Home Start staff is working toward its general objectives.[1]

The organization of the MPP Home Start staff has not changed since Spring 1972 except that the Secretary-Bookkeeper position has been replaced by a part time Secretary and part-time utilization of an MPP Bookkeeper. All of the staff positions are now filled, although one Home Visitor has been on an extended leave of absence.[2]

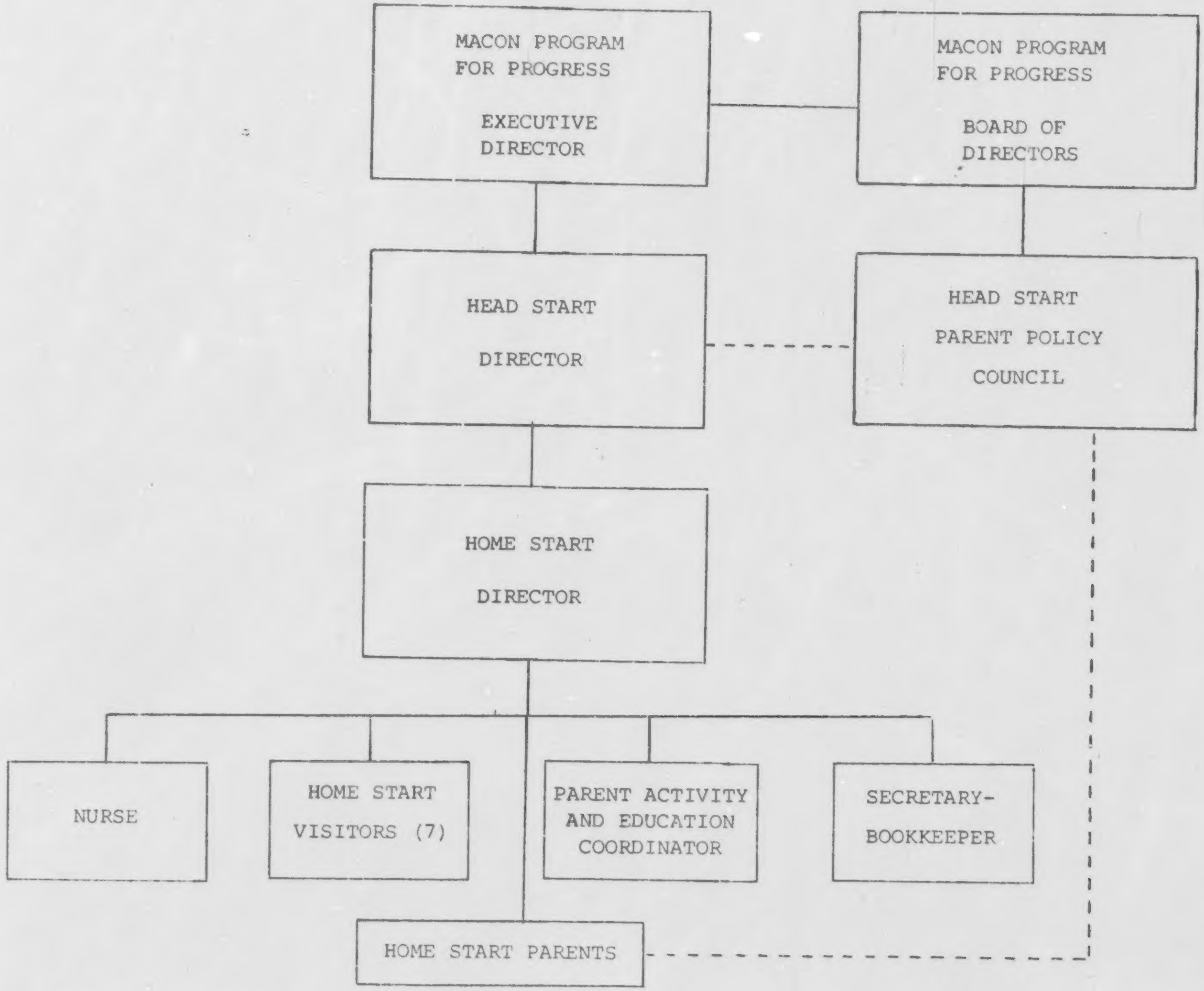
The full-time staff is supplemented by a group of ten volunteer Home Start/Head Start Trainees. This group has received two weeks of pre-service training and

---

[1] See Section IV, Family Needs and Program Services.

[2] See Organization Chart on following page.

## ORGANIZATION CHART
HOME START PROJECT
FRANKLIN, NORTH CAROLINA


MACON PROGRAM FOR PROGRESS EXECUTIVE DIRECTOR
MACON PROGRAM FOR PROGRESS BOARD OF DIRECTORS
HEAD START DIRECTOR
HEAD START PARENT POLICY COUNCIL
HOME START DIRECTOR
NURSE
HOME START VISITORS (7)
PARENT ACTIVITY AND EDUCATION COORDINATOR
SECRETARY-BOOKKEEPER
HOME START PARENTS

are obtaining some on-the-job training by travelling with Home Visitors. Ultimately, they may be used as substitute Home Visitors should the need arise.

## Record Keeping

The records maintained by Home Visitors are the foundation of the MPP Home Start record keeping system. The principal report is an anecdotal Progress Report, which Home Visitors update for every family following each visit. One of these reports for each family is submitted to the Director at the end of each month. They are reviewed and then filed by month, by Home Visitor. This report had been used by the Home Visitors to record the distribution of their home visit time among the four Home Start Components, and the Parent Activities. Use of the form was discontinued in October, when revisions were made in the Home Start Information System. Time utilization will continue to be recorded on an Information System sheet designed for that purpose.

The Home Start Nurse maintains a detailed record of all health referrals. Home Visitors also maintain referral records for other services which are submitted monthly to be compiled for quarterly reports to the national Home Start office.

Other family records consist of the Child Health Records maintained by the Home Visitors and by the Periodic Health Evaluation prepared by a physician and retained by the Home Visitor.[1] The Nurse retains one copy of the Dental Health Record completed in duplicate by examining dentists and uses it for scheduling, and recording the results of, future appointments.

Most records for families are arranged by Home Visitor and by month. This system typifies the Home Start files. Records are maintained by Home Visitor rather than by family, making it difficult to review quickly the records of Home Start activities and services for individual families.

---

[1] See Appendix B for samples of the Child Health Record and the Periodic Health Evaluation.

## Staff Training and Development

Home Start staff members attend weekly in-service training sessions which are held in conjunction with Head Start. The Head Start Training Coordinator handles most of the scheduling for these sessions, and the Home Start staff feels that it would be beneficial to have some sessions which are Home Start-specific.

# III. PARENT PARTICIPATION

Parent participation is receiving increased attention in the MPP Home Start Program; it appears to be the priority for staff for the immediate future.

The major responsibility for developing a parent participation program rests with the Parent Activity and Education Coordinator, who has been with the Program for only one month and is in the process of attempting to determine parent needs and interests. Toward this end, she is making home visits with the Home Visitors and has distributed a questionnaire which asks parents to indicate areas of interest for parent education sessions.

The desire for parent groups varies greatly among parents. Some Home Visitors indicate that there is no interest in such groups in the families they visit. Others report a great deal of interest. One Home Visitor arranged a "get-acquainted" meeting for mothers she visits. The meeting was so successful that the mothers had planned one party for themselves and their husbands and then planned a Halloween party for children and parents. The Parent Activity and Education Coordinator is working with the Home Visitors to stimulate interest in, and to locate community facilities for, these meetings, which they hope will help parents and staff exchange information about health and nutrition, in addition to addressing the parents' need for social contact.

There are monthly Head Start Parent Meetings at each of the six Head Start centers, and Home Start parents are encouraged to attend. Their participation has been fairly limited, however, and some Home Start staff members feel that attendance would improve if there were meetings exclusively for Home Start parents. The Director feels that these monthly parent meetings should continue to be held jointly and that any exclusive Home Start meetings should supplement them.

Staff feel that some joint ventures between Head Start and Home Start have produced excellent results. A Home Start/Head Start picnic in September attracted 300 people, and 50 persons (including 2[illegible] Home Start parents) attended a recent session conducted by Paul Elkins of Children's Television Workshop to discuss the Sesame Street program which just became available to TV viewers in the area.

Home Start parents also participate in the decision-making process through their representatives on the Head Start Parent Policy Council, which meets once a month. All Council members vote on all issues, however, so Head Start parents also participate in the Home Start decision-making process.

## IV. FAMILY NEEDS AND PROGRAM SERVICES

### A. Program Goals and Priorities

The goals of the NPP Home Start Program are the same as those stated in the original proposal:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.
- To help families become aware of the health and nutritional needs of their family members and to plan to meet those needs.
- To use as many local resources as are available to acquaint and provide needed services to children and families.
- To strengthen (in many cases "to build") in these families a healthy self-image offering them supportive assistance to try to engender in them confidence to work and live in the present and hope and plan for the future.
- To provide some social contacts for the parents outside the home (especially for the mothers) such as trips, outings, neighborhood gatherings, mobile classes, etc.

These broad goals certainly reflect the concepts which underlie the entire Home Start Program, as do the preliminary objectives established for the various components in Fall 1972.

Goals and objectives have been written as guides for general program operation and for specific activity in each of the components. As yet, no priorities among component services have been set by staff.

Yet, in reality, there are priorities informally agreed upon by most staff.

The priority component during the program's early months has clearly been Health. Achievement of the preliminary goals for this component was virtually assured in Fall 1972, and it appears that the emphasis is shifting to other components. The next priority is to be parent participation. This emphasis, combined with the Education Component's continued attention to parent involvement, will address the most common Social/Psychological needs cited by the Home Visitors.[1]

The Education Component has been a priority area from the program's beginning, particularly in education to children provided directly by Home Visitors. Education will continue to be a priority.

The Nutrition Component has not received a great deal of emphasis to date, although the Home Visitors indicate that families have considerable need for help with nutrition. None of the Home Visitors seem totally satisfied with nutrition services they are providing.

The major need which is clearly not being addressed is the health of Home Start parents. No funds are budgeted for this purpose, but parents do have health needs. Two Home Visitors summed up the problem with the following statements:

> "It doesn't seem fair not to be able to help the mother since she's the one we're working with."
>
> "If she's sick, it's awful hard to work with her."

The Home Visitors may have identified other needs which the program does not choose to address either because of limited resources or because the severity of need requires services the program cannot furnish.

With priorities for parent participation and children's education as a basis, the MPP Home Start staff have written specific objectives for their work during the next six months.

---

[1] See Section B, Needs Assessment, on following page.

## B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference, September 1972, in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the October Program visit by case study staff.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessment sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services and priorities.

A total of 63 Family Needs Assessment Sheets were prepared by the MPP Home Visitors. For three families no needs were listed, and for numerous other families the analysis of needs was cursory. These information gaps were due to the absence of the regular Home Visitor, who had been on leave for two months due to illness in her own family. The two Home Visitors who substituted for her completed the assessment sheets from their home visit experiences, but their contact with the families had been very limited.

There are other reasons why the general summary of needs,[1] which consolidates the 63 Family Needs Assessment Sheets, does not present a totally accurate picture of the severity of need among MPP Home Start families. First, the Home Visitors did not consistently assign priorities to the needs identified and, when assigning priorities, they did not rank the needs of both parents and children, but used one ranking to cover both. There also was a lack of agreement about the appropriate component for certain needs. In addition, certain Home Visitors' emphasis on specific needs (e.g., driver education, alcoholism) tended to overstate the importance of that need. Conversely, the needs in some areas may be understated.

---

[1] The Summary of Family Needs Assessment Sheets appears on page 14.

The summary should, however, provide a fairly comprehensive list of the needs which are most prevalent among MPP Home Start families.

## SUMMARY OF

## FAMILY NEEDS ASSESSMENT SHEETS

### Health

| Problems/Needs | No. of Children |
|---|---|
| Dental Needs | 25 |
| Anemia | 10 |
| General Poor Health | 2 |
| Personal Hygiene | 5 |
| Speech | 4 |
| Heart Murmurs | 3 |
| Immunizations | 3 |
| Misc. Special Problems | 12 |
| | 64 |

| Problems/Needs | No. of Parents |
|---|---|
| Dental Needs | 8 |
| Family Planning | 2 |
| General Poor Health | 4 |
| Personal Hygiene | 1 |
| Misc. Special Problems | 8 |
| | 23 |

### Education

| Problems/Needs | No. of Children |
|---|---|
| Special Education | 4 |
| Language Development | 2 |
| | 6 |

| Problems/Needs | No. of Parents |
|---|---|
| Adult Education | 10 |
| Consumer Education | 7 |
| Driver Education | 3 |
| | 20 |

### Nutrition

| Problems/Needs | No. of Families |
|---|---|
| Better Food/Diet Planning | 24 |
| Commodity Foods | 2 |
| | 26 |

## Social/Psychological

| Problems/Needs | No. of Children |
|---|---|
| Social Contact | 25 |
| | 25 |

| Problems/Needs | No. of Parents |
|---|---|
| Social Contact | 12 |
| Employment | 3 |
| Drinking Problems | 3 |
| | 18 |

| Problems/Needs | No. of Families |
|---|---|
| Housing | 14 |
| More Stable Family Life | 8 |
| Parental Involvement | 8 |
| | 30 |

## C. Program Components: Objectives, Services, Needs

### 1. Education

### Objectives -- Spring 1972

The original Home Start funding proposal included a list of eighteen objectives for the Education Component. For the most part, these objectives resemble a list of the general concepts to be considered by the Home Visitors when planning home visit activities. These concepts (e.g., improving the home environment, strengthening self-images, increasing parental understanding and involvement, stimulating thought and interaction) are reflected in Home Visitors' discussions of their approach to home visits.

### Objectives Achieved

Some of the proposal's more specific preliminary objectives have been met. For example:

- A kit containing scissors, crayons, paper, rulers, paint brushes and a large pencil was given to each child and the Home Visitors have taught the children the proper use of these materials, which many had not used previously.
- Field trips emphasizing the local mountain culture have been undertaken.
- Most home visits incorporate one or more of the "creative arts, music, musical instruments, mathematical concepts, and scientific experiments" which the proposal identified as objectives.
- The Home Visitors feel that in many cases the attention span of children has increased noticeably.

The educational needs of the children are addressed directly by the Home Visitors during their weekly home visits. The process of preparing for these visits has changed little since Spring. Each week, the Home Visitors prepare an activity schedule which specifies their general activities for the coming week. At each home, the Home Visitors attempt to modify and/or augment these activities for that child's specific needs. Each Home Visitor draws upon numerous printed materials to develop ideas for her home visit. When time permits, Home Visitors share with each other the ideas which have worked and those which haven't.

This clearly is the area in which the Home Visitors spend the majority of their direct service time.[1] Records maintained by the Home Visitors indicate that, through September, 52% of their direct services had been in educational activities.

## Needs -- Fall 1972

Family Needs Assessment Sheets seldom indicated an educational need for Home Start children. Specific needs are identified for only six children:

| Problems/Needs | No. of Children |
|---|---|
| Special Education | 4 |
| Language Development | 2 |
| | 6 |

The reason for the limited need appears to be the Home Visitors' assumption that all Home Start children in the program need the basic pre-school experience provided through the Education Component and, therefore, that it would be redundant to list this need for each family.

Needs of parents for education, as they appeared in the needs assessment summary, are:

| Problems/Needs | No. of Parents |
|---|---|
| Adult Education | 10 |
| Consumer Education | 7 |
| Driver Education | 3 |
| | 20 |

The latter two needs are closely related to Social and Psychological Services, but for all three, it is especially difficult to determine the severity of need. Are these needs perceived by the parents or identified only by the Home Visitor? The answers to these questions, whether implicit or explicit, must affect the emphasis which the staff place on meeting parental educational needs.

---

[1] Direct services are considered to be those activities (field trips, educational games) or services (transportation to doctor) which Home Visitors do with focal parent and child. Direct services always include home visits or field trips but are not limited to those activities.

## Additional Arrangements for Meeting Needs

In the Fall 1972, no specific arrangements had been made for meeting the educational needs of Home Start parents. A learning lab operated by the school system is available free of charge to all Macon County residents and represents a resource for meeting the need for adult education. If there is sufficient parent interest, the need for consumer education can be addressed through parent participation activities, using the Director of MPP's Homemaker Training Program as an instructor. Driver education also is available in the county, and the program may be able to help provide it to parents who want the training.

## Objectives -- December 1972

Working from their preliminary objectives for education, stated early in the program's development, staff have written revised objectives for meeting educational needs. Revised objectives include:

| Objectives | Resources | Completion Date |
|---|---|---|
| 1. Plan adult education classes of interest to all families with at least 10 families referred to learning laboratory at Franklin High School. | Home Visitors<br>Home Start Director<br>Southwestern Technical Institute (extension classes)<br>Parent Activity and Educational Coordinator | March 31, 1973 |
| 2. Arrange consumer education class for 7 families to help in the area of management. | Southwestern Technical Institute Rep.<br>Outreach Coordinator<br>Home Visitor<br>Parent Activity and Educational Coord. | March 31, 1973 |
| 3. Refer at least 3 parents to Driver's Education class frequently conducted in the county. | Home Visitor<br>S.W. Technical Inst. Rep.<br>Parent Activity and Educational Coord. | March 31, 1973 |
| 4. Plan activities to stimulate language development of at least 2 focal children. | Home Visitor<br>Parent Activity & Ed. Coor. | March 31, 1973 |

## 2. Health

### Objectives -- Spring 1972

The objectives of MPP Home Start's Health Component in Spring were those described in the funding proposal:

- To consult with local physicians, Health Department and other sources to coordinate children's and parents' health services.
- To procure medical and dental examinations for children six years old and under and for other family members whenever possible.
- To maintain health and dental records on families.
- To conduct regular meetings to instruct parents in:
  - first aid, health, hygiene and safety care;
  - availability and procedures for obtaining local services;
  - recognition of health problems;
  - preventive dentistry; and
  - effects of nutrition on one's health, etc.
- To utilize all existing health services and agencies. To assist families in obtaining these services in order that they themselves can eventually take advantage of all available services for their families on their very own.
- To instruct staff in dental health care and hygiene and preventive dentistry so that they can assist families in this area of the health component.

### Objectives Achieved

Heavy emphasis was placed on health during the early months of MPP's Home Start Program, and by Fall 1972 much progress had been made toward achievement of these objectives. The attitude of the staff was summarized by one Home Visitor when she said, "If all we do is meet medical and dental needs, the program will have been successful." According to the quarterly report which summarizes program referrals, 95% of Home Start's referrals have been health-related. In addition, the Home Visitors report that 23% of their home visit time has involved health.

Among objectives achieved are:

- Local medical resources (i.e., Public Health, private physicians, private dentists) have been consulted and are cooperating and coordinating in the delivery of health services. The American Association of Pediatrics (AAP) representative from UNC in Chapel Hill has been instrumental in mobilizing these resources.
- Fifty-two focal children have received general physicals. Eleven others have been referred but have not yet received the examination. Only ten have not been referred. Fifty-nine children have received preliminary dental examinations. In many cases, problems discovered during these preliminary exams have been treated.
- Complete health and dental records have been prepared (and are being maintained) for most focal children.[1]
- Parents accompany children on all visits to physician. It is hoped that this requirement will encourage the parents to use these resources on their own initiative.
- The staff received health and hygiene instruction during their pre-service training and will continue to do so during their in-service training sessions.

Home Visitors are directly responsible for many health services. They arrange appointments with families, and usually transport children to obtain their physical and dental exams, an undertaking which involves a 50-mile round trip in most cases. From the beginning, Home Visitors have incorporated dental hygiene in their home visits. In most homes, a toothbrush was used as an "ice-breaker" on the initial home visit, and the Home Visitors provide a new toothbrush when younger siblings get their first tooth. The emphasis on dental health was continued through a program whereby children got prizes for brushing their teeth regularly. The program also provides vitamins regularly to all pre-school children and is attempting to interest local PTA's in continuing this service for school-age children.

The Licensed Practical Nurse on the Home Start staff also provides some direct health services in addition to those provided by the Home Visitors. She makes home visits, offering advice, giving shots, and treating minor medical problems. She also serves as the control point for all health referrals, making all necessary appointments, advising Home Visitors when children are due for an inoculation, and keeping detailed records of the cost of these services.

---

[1] Samples of the Child Health Record and the Child Health Record appear in Appendix B.

The Program Referral Sheet[1] indicates that 85% of those referred for health services have received those services. Most of those who have not been served failed to keep their appointments, or, in a few cases, the date of the scheduled appointment has not arrived.

Medical services are scarce in Macon County and three resources have received most of Home Start's health referrals. The Public Health Department has received the greatest number (109), primarily to "shot clinics" and well-baby clinics. Sixty-nine children have been referred to private physicians (primarily the Home Start Medical Advisor in Sylva, 21 miles from Franklin), and 62 have been sent (or carried) to private dentists in Bryson City and Walhalla (South Carolina), both of which are a considerable distance from the Home Start area. Other health referrals have been made to agencies such as the Speech and Hearing Clinic and MPP's Family Planning Clinic.

### Needs -- Fall 1972

Health needs are quite common among MPP Home Start families. Despite considerable success in arranging for basic health care, only five Family Needs Assessment Sheets (8%) fail to list a health need.

---

[1] Part of national Home Start Information System, this sheet is used to compile referrals made during each three-month reporting period.

| Problems/Needs | No. of Children |
|---|---|
| Dental Needs | 25 |
| Anemia | 10 |
| General Poor Health | 2 |
| Personal Hygiene | 5 |
| Speech | 4 |
| Heart Murmurs | 3 |
| Immunizations | 3 |
| Misc. Special Problems | 12 |
| | 64 |

| Problems/Needs | No. of Parents |
|---|---|
| Dental Needs | 8 |
| Family Planning | 2 |
| General Poor Health | 4 |
| Personal Hygiene | 1 |
| Misc. Special Problems | 8 |
| | 23 |

A Home Start consulting pediatrician pointed out that the high rate of anemia may explain the frequency of heart murmurs, since anemia can cause heart murmurs.

## Additional Arrangements for Meeting Needs

Indicative of the cooperation developing in the delivery of health services is the change in the role of the Medical Advisor. The initial involvement of the pediatrician who serves in this capacity was limited primarily to providing physical examinations and other medical services. He became concerned about the limited communication among the program, the Public Health Service and himself, and subsequently his involvement in Home Start has increased. Arrangements have been made for him to receive regular reports on Home Start children from the Public Health Nurse. In addition, he is a member of the Health Committee,[1] which meets to evaluate health needs beyond the basic examinations which the Program will provide to all preschool children. This committee's role will be to ensure that the program serves the most critical health needs with its limited resources.

---

[1] Other members: Home Start Director, Head Start Director, Public Health Nurse, Home Start Nurse, Head Start Nurse, Social Services Department's Director of Children's Services.

## Objectives -- December 1972

Home Start staff were quite successful in providing initial health and dental examinations, as well as some treatment to focal children. Objectives defined for the next six months are based on the program priorities and on the needs assessment done for most families in the program. New objectives are:

| Objective | Resources | Completion Date |
|---|---|---|
| 1. Search for resources available for four parents who need help in improving general health conditions. | Home Visitor<br>Home Start Nurse<br>Multiphasis Clinic<br>Vocational Rehabilitation<br>Lions Club | March 31, 1973 |
| 2. Give instructions through Public Health Nurse concerning Personal Hygiene for an entire family. | Home Visitor<br>Home Start Nurse<br>Public Health Nurse | March 31, 1973 |
| 3. Identify anemia problems of at least 10 focal children and correct problem through medicine and education in the area of nutrition in each family. | Nutritional Coordinator<br>Home Visitor<br>Educational Coordinator | March 31, 1973 |
| 4. Refer at least 2 families to Family Planning. | Family Planning Supervisor<br>Home Visitor<br>Home Start Nurse | February 1, 1973 |
| 5. Refer at least 8 parents to Vocational Rehabilitation for financial assistance in dental work. | Vocational Rehabilitation Rep.<br>Home Visitor<br>Home Start Nurse | May 1, 1973 |
| 6. Appointments (dental) made for at least 25 focal children for cleaning and repair. | Home Visitor<br>Home Start Nurse<br>Dr. Dimsdale | March 31, 1973 |

| Objective | Resources | Completion Date |
|---|---|---|
| 7. Referrals made to Health Department for immunizations of at least 3 focal children. | Home Visitor<br>Home Start Nurse<br>Public Health Nurse | March 31, 1973 |
| 8. Heart murmurs checked through Heart Clinic in Sylva, N.C. for at least 4 focal children. | Dr. Morgan<br>Dr. Daniels<br>Home Visitor<br>Home Start Nurse | March 31, 1973 |
| 9. Speech therapy planned or speech patterns observed for at least 4 focal children. | Home Visitor<br>Home Start Nurse<br>Mobile Speech Unit (Evelyn Pangle)<br>Speech Clinic | February 1, 1973 |
| 10. Well-Baby Clinic visits for 2 focal children to help determine general poor health conditions. | Home Visitor<br>Home Start Nurse<br>Dr. Daniels<br>Public Health Nurse | March 31, 1973 |
| 11. Identify other special problems for focal children and parents and make proper referrals. | Home Visitor<br>Home Start Nurse<br>Public Health Nurse<br>Dr. Daniels | March 31, 1973 |

## 3. Social/Psychological Services

### Objectives -- Spring 1972

The Home Start proposal did not establish specific objectives for this component, and none had been developed in Spring 1972. At that time, the primary resources for these services appeared to be the Public Health Department, the Department of Social Services and the Developmental Evaluation Clinic (DEC) at Western Carolina University.

### Objectives Achieved

The home visits are providing social contact for both mother and child, and monthly parent meetings provide additional social outlets for parents. Each Home Visitor is attempting to develop a parent group which would provide her families with yet another opportunity for socializing. There has been some discussion of Home Start children making periodic visits to the Head Start centers, but at present the only peer group experience provided by Home Start occurs during the trips to the doctor and the dentist. It is because of the social aspects of these trips that the Home Visitors indicate that 22% of their direct services are in the social/psychological area.

Macon Program for Progress sponsors two programs which provide a means of addressing another major need -- housing. Both programs (Self-Help Housing and Home Improvement) provide low-cost financial assistance, but both also require that the recipient actively participate in the necessary labor. To date, one family has been referred to each program, but neither has received assistance because of apparent lack of interest on their parts.

Other referrals in the Social/Psychological Services Component have been limited -- three to the Developmental Education Center, two to MPP's Operation Mainstream, two to the Department of Social Services (one for adoption counseling, one for help in obtaining a birth certificate), one to MPP's Sheltered Workshop, and one to the Better Business Bureau (for help in getting a retailer to install a washer/dryer).

The referrals to Operation Mainstream represent one method of addressing the need for employment, which was cited several times by the Home Visitors. The absence of an Employment Service in the Franklin area restricts activity in this area.

In short, the Social/Psychological Services Component, as such, has had less attention than other components, such as health and education. The program is attempting to address the needs of families, but it is labeling its efforts "Parent Participation" and "Education." This approach appears to be a matter of semantics, as well as limited resources.

## Needs -- Fall 1972

Additional social contact was identified by the Home Visitors as a major social/psychological need for both children (42%) and parents (20%). Other needs mentioned frequently on the Family Needs Assessment Sheets are for parents and families in general. They include:

| Problems/Needs | No. of Children |
|---|---|
| Social Contact | 25 |
|  | 25 |

| Problems/Needs | No. of Parents |
|---|---|
| Social Contact | 12 |
| Employment | 3 |
| Drinking Problems | 3 |
|  | 18 |

| Problems/Needs | No. of Families |
|---|---|
| Housing | 14 |
| More Stable Family Life | 8 |
| Parental Involvement | 8 |
|  | 30 |

No needs were cited for children only, but families' needs are considered to encompass both parents and children.

## Additional Arrangements for Meeting Needs

The activities of the Education Component should address two of the needs frequently mentioned by the Home Visitors. The emphasis on parent-child interaction will, if successful, increase parental involvement and improve family relationships in Home Start families.

One new Social/Psychological resource had been identified in the Fall, 1972. It was a DEC "Field Team," consisting of a Social Worker, a Registered Nurse, a Psychologist and a Speech Therapist, which will come to Macon County once a month and set up a temporary office in one of the Head Start centers. Children suspected to have psychological problems can be brought to the center to allow the team to observe them. The needs assessment sheets do not indicate that there are major needs of this nature, but such needs may be observed later.

## Objectives -- December 1972

Some needs identified as social/psychological are to be addressed in other components, such as the education component. Objectives include:

| Objective | Resources | Completion Date |
|---|---|---|
| 1. Identify need for social contact of at least 25 focal children and 12 parents and plan activities which will require meeting with others near their age. | Home Visitors<br>Home Start Director<br>Educational Coord. | March 31, 1973 |
| 2. To determine the need of employment for at least 3 families and make referral to the unemployment office. Be alert to this need of employment and notify families of any job openings. | Parents<br>Macon for Progress Agency<br>Home Start Staff | March 31, 1973 |
| 3. Locate resource for counseling of problem drinkers and develop plans for helping families decide whether or not they want to use the resource. | Director<br>Home Visitor<br>Consulting Psychological Personnel | March 31, 1973 |
| 4. Take applications on at least 14 families for self-help Housing Program or Home Improvement Program and encourage families to participate in one of these programs. | Earl Holland<br>Home Start Director<br>Home Visitor | March 31, 1973 |

| Objective | Resources | Completion Date |
|---|---|---|
| 5. Through observation and consultation, identify need for a more stable family life and make referrals to appropriate agencies for help. Home Visitors will talk with families. | Home Visitor<br>Social Services Department<br>Psychological Consultant | March 31, 1973 |
| 6. In checking records, note the families who have not participated in activities and those who are not actively involved with Home Visitors and make plans to encourage more involvement. | Home Start Director<br>Home Visitor<br>Educational Coord. | March 31, 1973 |

## 4. Nutrition

### Objectives -- Spring 1972

In Spring, the MPP Home Visitors' short-range nutritional objective was to become fully accepted by their Home Start families so that they could begin to discuss nutrition. Having accomplished that, they planned to pursue the preliminary objectives specified in the funding proposal:

- To make use of existing community resources and services when needed.
- To provide basic knowledge in proper nutrition and nutritional habits.
- To provide varied uses for and ways of preserving the existing foods of the family.
- To provide new and varied recipes to families (especially in use of commodity foods).
- To offer assistance in the purchase of food and kitchen supplies.
- To show the importance of involving children in the learning processes of cooking experiences.
- To plan family picnics or outings for a family and/or for groups of families.
- To give basic nutritional training to staff.
- To show the correlation of nutrition and health.

### Objectives Achieved

To date, only a few of the preliminary objectives have been addressed. For example:

- All Home Start families get the monthly newsletter prepared by the MPP Homemaking Program. These newsletters contain recipes.
- Group picnics occasionally are incorporated into long trips to the doctor or dentist.

Nutrition appears to be the Home Start Component which has received the least emphasis to date. Home Visitors report that only 3% of their direct service time is related to nutrition. This figure is not too surprising since the plan for this Component has always been to utilize the resources available through the Home Demonstration Agency's Nutrition Aides and MPP's Homemaker Trainees.

Referrals also have been very limited, however. Two referrals have been made to the Nutrition Aides and one to the Homemaker Trainees. One other family has been referred to the Department of Social Services to determine their eligibility for surplus commodity foods.

### Needs -- Fall 1972

The Home Visitors indicated on the Family Needs Assessment Sheets that 26 families (43%) have some need for help with nutrition. For 24 families, these needs are stated in general terms relating to "better eating habits" or "diet planning" and are based on the Home Visitors' observations while in the home. Commodity foods are cited as a need for two other families.

### Objectives -- December 1972

In general, preliminary objectives described above will still be useful as guides in helping families become more aware of the importance of good nutrition. Some more specific objectives for nutrition services are:

| Objective | Resources | Completion Date |
|---|---|---|
| 1. Make referrals to at least 2 families concerning Application for donated foods. | Home Visitor<br>Home Start Director<br>Nutrition Aide | March 31, 1973 |
| 2. Talk with families and plan visits relating to well-balanced meals. Plan to have home visits made by Nutrition Aides and discuss ways of preparing food. | Home Visitor<br>Educational Coordinator<br>Nutrition Aides | March 31, 1973 |

# APPENDIX A

## CASE STUDY I - SUMMARY

Spring, 1972

# MPP HOME START PROGRAM
# NORTH CAROLINA

## Summary - May, 1972

The Home Start Program headquartered in Franklin, North Carolina, is sponsored by Macon Program for Progress (MPP), the local Community Action Agency. Home Start is a logical extension of the home visitation program which the MPP Head Start Program initiated in 1967 by adding a Traveling Teacher to their staff. This Teacher served a limited caseload of fifteen families unable (or unwilling) to send their children to the "traditional" Head Start center. Home Start serves sixty families throughout predominantly rural Macon County.

### Staff

The Home Start Director is responsible for planning, analyzing and evaluating the Home Start Program - under the supervision of the Head Start Director. The Director supervises the other Home Start staff - a Parent Activity and Education Coordinator (who plans and coordinates all training for Home Start parents and staff), seven Home Visitors and a Licensed Practical Nurse. A Secretary/Bookkeeper position is vacant at present.

### Staff Training

All staff members received three weeks of pre-service training prior to the National Head Start Conference. A weekly in-service training program is conducted in conjunction with Head Start, and the Parent Activity and Education Coordinator is evaluating specific needs for future training.

### Services

Needed services are limited in Macon County. Medical resources are particularly limited - six doctors and three dentists. One Registered Nurse is available through the Public Health Department. The primary resources for social services are MPP (the Home Start Grantee) and the Department of Social Services.

## Health

The major goal of this component is to obtain physical and dental exams for all pre-school children in Home Start families. The Home Visitors and the Home Start Nurse are updating (or creating) medical histories on all members of these families and a close relationship has been established with the Public Health Department's Registered Nurse.

## Nutrition

Home Visitors will provide some nutritional instruction and assistance but primarily will refer families to the MPP-sponsored program for Homemaker Trainees and the Home Extension Agency. Both can provide trained personnel to work with families to improve the nutritional content of their needs.

## Social and Psychological Services

Services in this area will consist primarily of referrals to various psychological resources and counseling services available through the County Welfare Department. In addition, the program will provide a much-needed social outlet for parents through a program of active parent involvement.

## Education

It is in this area that Home Visitors will deliver their most direct services. There is no set pattern or schedule for these activities. Each Home Visitor plans her own schedule, drawing heavily upon materials obtained at the local pre-service training sessions and at the National Home Start Conference. The emphasis of this project is on home-made playthings utilizing materials commonly found in the home rather than creating a dependence on "store bought" toys.

## Parent Participation

Home Start parent activities will be combined with those of Head Start. Home Start representation on the Head Start Policy Council will be achieved by adding one parent from each Home Visitor's group of families. Developing other parent activities is the responsibility of the Parent Activity and Education Coordinator.

## Program Goals and Objectives

The goals of the MPP Home Start Program are stated in the proposal as follows:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.
- To help families become aware of the health and nutritional needs of their family members and to plan to meet those needs.
- To use as many local resources as are available to acquaint and provide needed services to children and families.
- To strengthen (in many cases "to build") in these families a healthy self-image offering them supportive assistance to try to engender in them confidence to work and live in the present and hope and plan for the future.
- To provide some social contacts for the parents outside the home (especially for the mothers) such as trips, outings, neighborhood gatherings, mobile classes, etc.

These broad goals certainly reflect the concepts which underlie the entire Home Start Program. In May, 1972, specific, quantifiable, short-range objectives have not been identified. The present all-encompassing short-range objective for all staff members is to be accepted as friends by the families they are serving. Only then can they expect the Program to progress toward the overall goals.

# APPENDIX B

1. Child Health Record
2. Periodic Health Evaluation

## PREGNANCY AND BIRTH HISTORY

PLACE OF DELIVERY (NAME OF HOSPITAL)

DELIVERED BY

PREVIOUS PREGNANCIES

TOTAL NO. | MISCARRIAGES | STILL BIRTHS

MOTHER'S HEALTH DURING THIS PREGNANCY ☐ EXCELLENT ☐ OTHER *(DESCRIBE)*

DELIVERY ☐ NORMAL SPONTANEOUS VERTEX ☐ OTHER *(DESCRIBE)*

BABY'S BIRTHWEIGHT

DID BABY ARRIVE ☐ ON TIME ☐ EARLY BY ____ WEEKS ☐ LATE BY ____ WEEKS

ILLNESS OR COMPLICATION IN NEWBORN PERIOD ☐ NONE ☐ OTHER *(DESCRIBE)*

## ILLNESS HISTORY

| HAS CHILD HAD OR DOES HE HAVE: | YES | NO | DATE | DESCRIBE DETAILS OF ANY ITEM CHECKED "YES" |
|---|---|---|---|---|
| MEASLES (RUBEOLA) | | | | |
| MUMPS | | | | |
| CHICKEN POX | | | | |
| RUBELLA (3-DAY OR GERMAN MEASLES) | | | | |
| WHOOPING COUGH | | | | |
| SEIZURES, FITS, OR SPELLS | | | | |
| TONSILLECTOMY | | | | |
| ANY HOSPITALIZATION | | | | |
| EXPOSURE TO TUBERCULOSIS OR PERSON WITH CHRONIC COUGH | | | | |
| FREQUENT BEDWETTING NOW | | | | |
| ANY KNOWN CHRONIC DISEASE OR HANDICAPPING CONDITION | | | | |
| OTHER SERIOUS ILLNESS | | | | |

## DEVELOPMENTAL HISTORY

| COMPARED WITH HIS BROTHERS AND SISTERS AND WITH OTHER CHILDREN HIS AGE, HAS THIS CHILD BEEN PARTICULARLY FAST OR SLOW IN: | FAST | ABOUT AVERAGE | SLOW | COMMENTS |
|---|---|---|---|---|
| WALKING, RUNNING, CLIMBING | | | | |
| TALKING | | | | |
| PLAYING WITH TOYS, COLORING, DRAWING | | | | |
| UNDERSTANDING WHAT IS SAID TO HIM | | | | |
| GETTING ALONG WITH CHILDREN HIS OWN AGE | | | | |

| IS THIS CHILD CONSIDERED BY HIS MOTHER OR BY OTHERS TO BE PARTICULARLY: | YES | NO | COMMENTS |
|---|---|---|---|
| "DIFFICULT" OR "DIFFERENT" | | | |
| HYPERACTIVE | | | |
| CLUMSY | | | |

## IMMUNIZATION RECORD (NOTE DATE AND ANY ADVERSE REACTIONS)

| | | | | | | |
|---|---|---|---|---|---|---|
| DIPHTHERIA, PERTUSSIS, TETANUS, (DPT) | ORIGINAL SERIES | #1 | #2 | | #3 | |
| | BOOSTERS (DT AFTER AGE 6) | #1 | #2 | #3 | #4 | #5 |
| POLIO | FOR EACH IMMUNIZATION, INDICATE TYPE OF VACCINE (OPV-T =TRIVALENT ORAL; OPV-I=TYPE1 ORAL; S=SALK | | | | | |
| | #1 | #2 | #3 | #4 | #5 | #6 |
| MEASLES | HAD NATURAL INFECTION (NEEDS NO IMMUNIZATION) | LIVE VACCINE (SWARTZ OR EDMONSTON) | KILLED VACCINE #1 | #2 | #3 | |
| SMALL POX | 1ST VACCINATION (DATE) PRIMARY TAKE? ☐ YES ☐ NO | REVACCINATION #1 (DATE) #1 TAKE? ☐ YES ☐ NO | #2 (DATE) #2 TAKE? ☐ YES ☐ NO | | | |
| OTHER (IMMUNIZATIONS) | | | | | | |

## SCREENING TESTS RECORD (ENTER DETAILS AND FOLLOW-UP OF ABNORMAL TESTS IN PROGRESS NOTES.)

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| TUBERCULIN TESTS | DATE | | | | | | | | | |
| | RESULT | | | | | | | | | |

| | DATE | TYPE OF TEST | ACUITY (CHECK) | | | FUSION | COMMENTS |
|---|---|---|---|---|---|---|---|
| | | | PASS | FAIL | NOT TESTABLE | | |
| VISION SCREENING | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

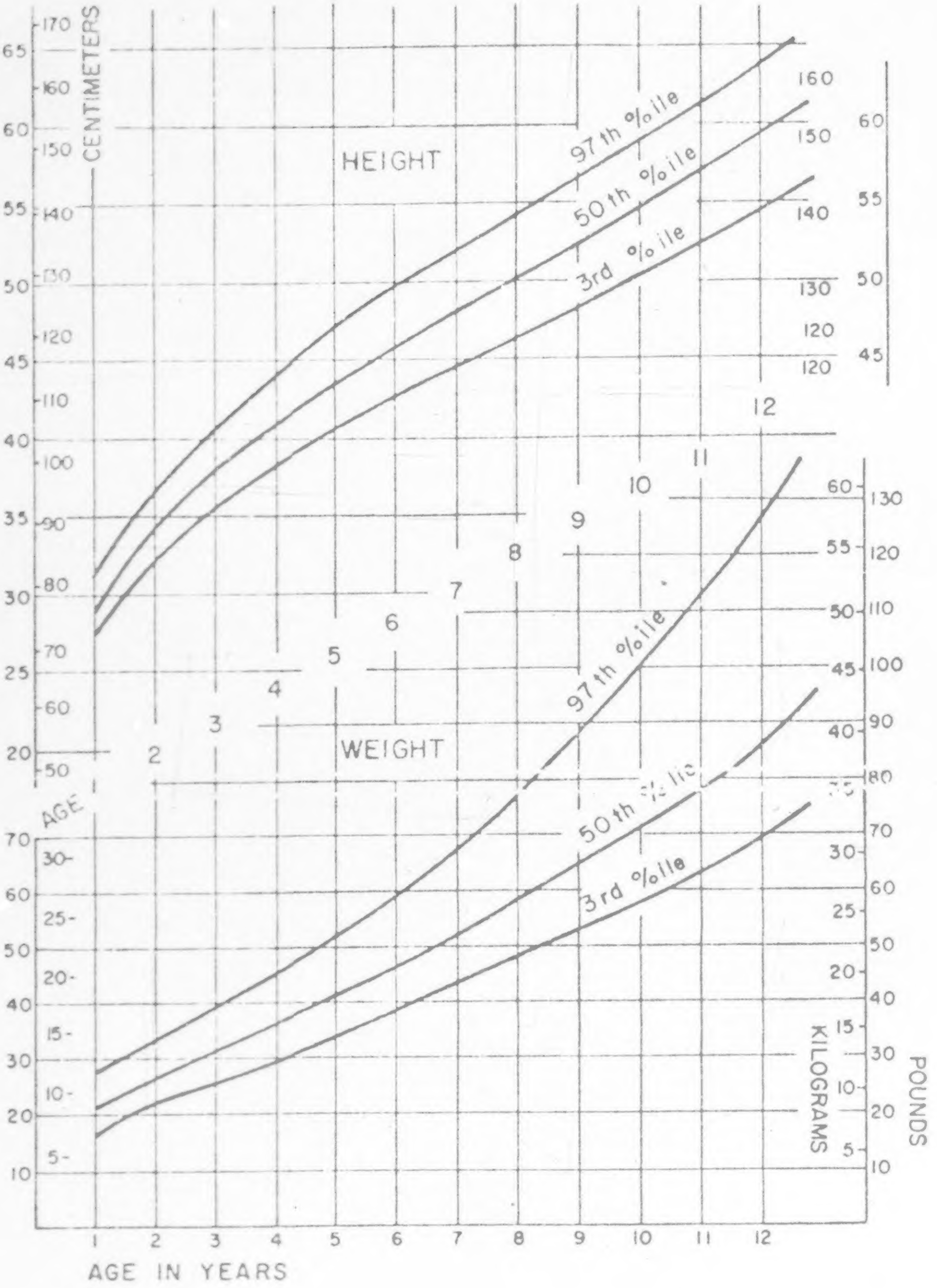
| | DATE | TYPE OF TEST | PASS | FAIL | NOT TESTABLE | COMMENTS |
|---|---|---|---|---|---|---|
| AUDITORY SCREENING (INCLUDE AUDIOGRAM IN PROGRESS NOTES) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | DATE | RESULT | | DATE | RESULT |
|---|---|---|---|---|---|
| HEMATOCRIT OR HEMOGLOBIN | | | URINALYSIS OR URINE CULTURE | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## OTHER SCREENING OR LABORATORY TESTS (INCLUDE PSYCHOMETRIC, IF AVAILABLE)

| DATE | TYPE OF TEST | RESULT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

# GROWTH CHART



I give my permission for ______________________ to have all necessary medical examinations, immunizations, laboratory tests, and treatments from the physicians, dentists, and other health personnel of the pre-school and school health programs

Date Signature of parent or guardian

*(Exempt from Budget Bureau Approval)*

# PERIODIC HEALTH EVALUATION RECORD
(PRESCHOOL AND SCHOOL AGE CHILD)

NAME OF CHILD (LAST, FIRST, MIDDLE)

IDENTIFICATION OF SCHOOL OR AGENCY

DATE OF THIS EVALUATION

LOCATION OF THIS EVALUATION

☐ THIS IS FIRST EVALUATION (COMPLETE SEPARATE FORM CAP HS 30)

☐ A HISTORY AND EXAMINATION WAS PERFORMED
(DATE) (PLACE)

ILLNESS, INJURIES, HOSPITALIZATIONS SINCE LAST EVALUATION

SCREENING TEST SINCE LAST EXAMINATION

| | NOT DONE | NORMAL | ABNORMAL | NOT TESTABLE | REMARKS |
|---|---|---|---|---|---|
| VISION | | | | | |
| HEARING | | | | | |
| TUBERCULIN | | | | | |
| ANEMIA | | | | | |
| URINALYSIS | | | | | |
| OTHER | | | | | |

SCHOOL PROGRESS ☐ PROGRESSING NORMALLY WITH AGE GROUP ☐ OTHER (EXPLAIN)

TEACHER'S OBSERVATIONS ☐ NO APPARENT DIFFICULTY ☐ SLOW OR POOR READER
☐ HYPERACTIVE OR IMPULSIVE BEHAVIOR ☐ EPISODIC CHANGES IN STATE OF CONSCIOUSNESS, SEIZURES
☐ OTHER (EXPLAIN)

CHANGES IN HOME OR FAMILY SETTING SINCE LAST EXAMINATION (MOVES, NEW SIBLINGS, DIVORCE, UNEMPLOYMENT ET
☐ NONE ☐ OTHER (EXPLAIN)

HEALTH PROBLEMS NOTED BY PARENT OR CHILD

## PHYSICAL EXAMINATION

| HEIGHT | | WEIGHT | | AGE | | BLOOD PRESSURE |
|---|---|---|---|---|---|---|
| IN. OR CM. | PERCENTILE | LB. OR KG. | PERCENTILE | YEARS | MONTHS | |
| | | | | | | |

| DOES THE EXAMINATION REVEAL ANY ABNORMALITY IN: | ABNORMAL | NORMAL | NOT EXAMINED | DESCRIBE FULLY ANY ABNORMAL FINDINGS |
|---|---|---|---|---|
| GENERAL APPEARANCE, POSTURE, GAIT | | | | |
| SPEECH | | | | |
| BEHAVIOR DURING EXAMINATION | | | | |
| SKIN | | | | |
| EYES: EXTERNALS | | | | |
| OPTIC FUNDI | | | | |
| EARS: EXTERNAL AND CANALS | | | | |
| TYMPANIC MEMBRANES | | | | |
| NOSE, MOUTH, PHARYNX | | | | |
| TEETH | | | | |
| HEART | | | | |
| LUNGS | | | | |
| ABDOMEN (INCLUDE HERNIAS) | | | | |
| GENITALIA | | | | |
| BONES, JOINTS, MUSCLES | | | | |
| NEUROLOGICAL EXAMINATION | | | | |
| OTHER | | | | |

## DEVELOPMENTAL SCREENING EXAMINATION

| | NORMAL FOR AGE | OTHER (EXPLAIN) | REMARKS |
|---|---|---|---|
| GROSS MOTOR FUNCTION | | | |
| FINE MOTOR AND MANIPULATIVE FUNCTIONS | | | |
| ADAPTIVE FUNCTION | | | |
| LANGUAGE FUNCTION | | | |
| PERSONAL - SOCIAL FUNCTION | | | |

## SUMMARY OF FINDINGS, TREATMENTS, AND RECOMMENDATIONS

| ABNORMAL FINDINGS | ADVICE AND TREATMENT GIVEN | RECOMMENDATIONS OR FURTHER EVALUATION, TREATMENT OR SOCIAL OR EDUCATIONAL SERVICES. |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SIGNATURE OF PHYSICIAN

DATE

U. S. GOVERNMENT PRINTING OFFICE : [illegible]

CLEVELAND HOME START PROGRAM
Cleveland, Ohio

Case Study II          Fall 1972

Cleveland Home Start Program
Cleveland, Ohio

Principal Author: Bill Walker

# PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study is developed after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations, for the four service components (health, education, nutrition, psychological and social service) were termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

---

[1] See Section IV. An "Assessment of Needs" for detailed description.

# IN BRIEF

## OCTOBER 1972

## GENERAL

TYPE OF PROGRAM: Urban

SPONSORED BY: Delegate - Center for Human Services Div. of Day & Child Dev.
Grantee - Council for Economic Opportunity

ADMISSION CRITERIA: Head Start Guidelines

PROGRAM START-UP DATE: April 1972

HOURS OPEN: 8:30 a.m. to 5:00 p.m.

## FAMILIES

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| ENROLLMENT: | 38 | | 50 | | +12 | 32% |

## STAFF

| | | | | | | |
|---|---|---|---|---|---|---|
| TOTAL PAID STAFF: | 8 | | 12 | | + 4 | 50% |
| Full-Time | 6 | 75% | 12 | 100% | + 6 | 100% |
| Part-Time: | 2 | 25% | 0 | | - 2 | 100% |
| TOTAL IN-KIND STAFF: | 0 | | 0 | | | - |
| Full-Time | 0 | | 0 | | | - |
| Part-Time | 0 | | 0 | | | - |
| ETHNICITY OF STAFF: | | | | | | |
| Anglo: | 0 | | 2 | 17% | + 2 | infinite |
| Black: | 6 | 100% | 8 | 67% | + 2 | 33% |
| Chicano: | 0 | | 0 | | | - |
| Indian: | 0 | | 0 | | | - |
| Oriental: | 0 | | 0 | | | - |
| Other: | 0 | | 2 | 17% | + 2 | infinite |
| SEX OF STAFF:[1] | | | | | | |
| Female: | 6 | 100% | 12 | 100% | + 6 | 100% |
| Male: | 0 | | 0 | | | - |

---

[1] Full time staff only.

| | |
|---|---|
| STAFF POSITIONS: | Project Director, Bookkeeper/Secretary, Program Coordinator, Education Director, , Eight Home Visitors |
| POSITIONS OPEN: | None |

## CHILDREN

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL HOME START CHILDREN: | 42 | | 57 | | +15 | 36% |
| TOTAL CHILDREN (ELIGIBLE FAMILIES): | | | | | | |
| 0-12 months: | 30 | 20% | 8 | 4% | N/A[1] | |
| 13-24 months: | | | 15 | 10% | - | |
| 25-36 months: | | | 23 | 12% | - | |
| 37-48 months: | 42 | 28% | 25 | 13% | - | |
| 49-60 months: | | | 22 | 12% | - | |
| 61-72 months: | | | 10 | 5% | - | |
| 6-9 years: | 77 | 52% | 46 | 25% | - | |
| 10-13 years: | | | 21 | 11% | - | |
| 14-18 years: | | | 14 | 7% | - | |
| ETHNICITY OF FOCAL CHILDREN:[3] | | | | | | |
| Anglo: | 0 | | 0 | | N/A[3] | |
| Black: | 38 | 100% | 44 | 77% | - | |
| Chicano: | 0 | | 0 | | - | |
| Indian: | 0 | | 0 | | - | |
| Oriental: | 0 | | 0 | | - | |
| Other: | 0 | | 13 | 23% | - | |
| SEX OF HOME START CHILDREN: | | | | | | |
| Female: | NI | | 29 | 51% | - | |
| Male: | NI | | 28 | 49% | - | |

---

[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Fall 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start children. Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

## PARENTS

| | Spring 1972 No. | Spring 1972 Percent | Fall 1972 No. | Fall 1972 Percent | Changes No. | Changes Percent |
|---|---|---|---|---|---|---|
| TOTAL FOCAL PARENTS:[1] | 38 | | 59 | | +21 | 55% |
| SEX OF FOCAL PARENT: | | | | | | |
| Female: | 38 | 100% | 50 | 85% | +12 | 32% |
| Male: | 0 | | 9 | 15% | + 9 | infinite |
| Families in which both parents are considered focal parents: | NI | | 9 | 18% | | – |
| EMPLOYMENT OF FOCAL PARENT: | | | | | | |
| Employed:[2] | 0 | | 2 | 3% | + 2 | infinite |
| Unemployed: | 38 | 100% | 57 | 97% | +19 | 50% |
| In School or Training: | 0 | | 0 | | | – |
| Unknown: | 0 | | 0 | | | – |
| EMPLOYMENT OF FAMILIES:[3] | | | | | | |
| Employed, Regular: | NI | | 2 | 4% | | – |
| Employed, Part-Time or Seasonal: | NI | | 0 | | | – |
| Unemployed or Unknown: | NI | | 48 | 96% | | – |

ESTIMATED FUNDING:

| | |
|---|---|
| HEW: | $100,000 |
| In-Kind: | 10,030 |
| Total: | $110,030 |

FOR FURTHER INFORMATION,
CONTACT:

Ms. Mary Martin
Project Director
Cleveland Home Start Program
Day Nursery Association
2084 Cornell Road
Cleveland, Ohio 44106

---

[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

# I. PROGRESS REPORT

## A. Impressions

Almost any Monday morning in Cleveland is particularly busy for Home Start staff. Monday is staff training day. On this morning in October, Mrs. Bassitt of the Family Services Division of Center for Human Services has just asked Home Visitors to describe problems they encounter during home visits so she can discuss with them ways to be more effective in their jobs.

All staff are on hand: The Programs' Nutritionist, Education Director, Program Coordinator, and Project Director are present to learn, provide support and share in solving problems with the eight Home Visitors.

* * *

In one Home Start family, the mother was bewildered when her new baby girl cried constantly and had gained only a few ounces after three months. The family's Home Visitor insisted that mother and child visit the Public Hospital, where the baby was kept for observation and examinations. After several weeks it was determined that the child's digestive system did not properly absorb food. Treatment is slow and the child's life is still uncertain, but without the health guidance of the Home Visitor, it is likely that the child would not now be alive.

* * *

A new Spanish-speaking Home Visitor is making visits to Cleveland's West Side, an area populated by Puerto Rican families. Working with Westside children often proves difficult because many of these children prefer to speak English while most parents speak only Spanish. Although many parents want to learn English to make their lives easier. Teaching English can be a problem since most of the parents speak but not read Spanish. "Some of my parents do not want to go to parent meetings," said a Home Visitor. "All they want is to be able to buy bread and milk in English at the store."

************

## B. Program Update

Cleveland Home Start has grown since Spring. The most important changes concern increased staff and expanded program recruitment which resulted in the enrollment of many Spanish-speaking families.

### Staff

In the spring, staff working full time on Home Start include: a Project Director, Mary Martin, four Home Visitors, and a Bookkeeper/Secretary. Since then the staff has been completed. New additions are Dell Graham, M.D.W. as Program Coordinator, Ruth Correl as Education Director, and Lois Anderson, Maria Berrios, Paula Ruiz and Nellie Foster as Home Visitors.[1]

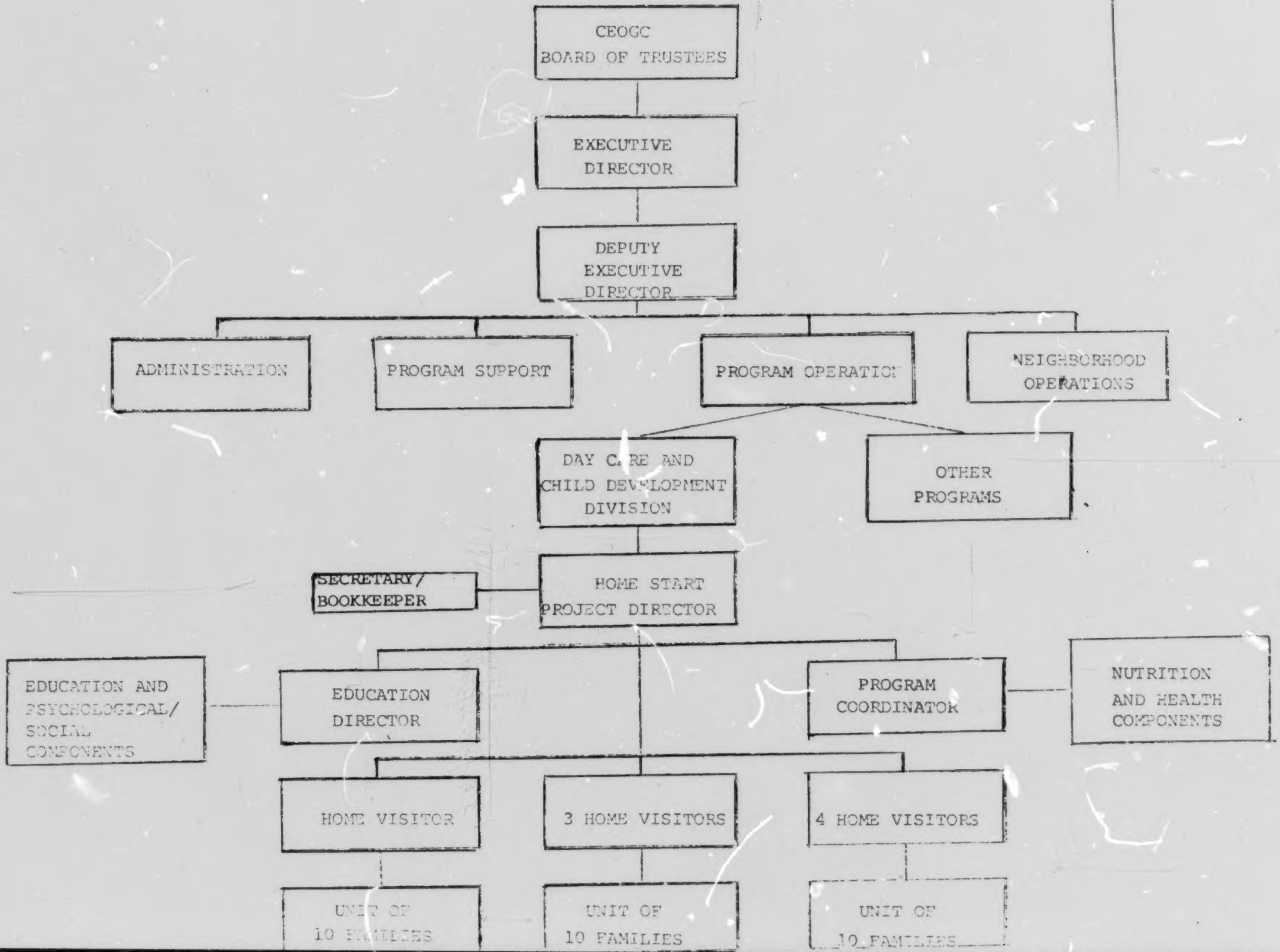
All staff are working closely on coordinating their work to ensure maximum services. The completion of staffing has brought additional enthusiasm to a program already well on its way to delivering valued services.

Administratively, the Project Director is now able to spend more time on program planning, since the Program Coordinator and Education Director have settled into their jobs. The Program Coordinator is actively planning staff training and family services in Nutrition. In addition, she has developed and now supervises the Health and Psychological/Social Services Components. She also directly supervises four Home Visitors.

The Education Director's activities have been centered on putting together a unit system of education. These units will help Home Visitors to present activities for cognitive development and improved motor, sensory, and language skills. Also included in this educational unit is a nutritional presentation in cooperation with the Program Coordinator. Both Coordinators are working on an educational unit as general nutrition information.

---

[1] See organization chart on next page.


CEOGC
BOARD OF TRUSTEES
EXECUTIVE DIRECTOR
DEPUTY EXECUTIVE DIRECTOR
ADMINISTRATION
PROGRAM SUPPORT
PROGRAM OPERATION
NEIGHBORHOOD OPERATIONS
DAY CARE AND CHILD DEVELOPMENT DIVISION
OTHER PROGRAMS
SECRETARY/ BOOKKEEPER
HOME START PROJECT DIRECTOR
EDUCATION AND PSYCHOLOGICAL/ SOCIAL COMPONENTS
EDUCATION DIRECTOR
PROGRAM COORDINATOR
NUTRITION AND HEALTH COMPONENTS
HOME VISITOR
3 HOME VISITORS
4 HOME VISITORS
UNIT OF 10 FAMILIES
UNIT OF 10 FAMILIES
UNIT OF 10 FAMILIES

Families

In Spring, all 38 families were black, living on the East Side. Between June and October, several additional families have been added, making a total enrollment of 50 Home Start families. Of these families, 40 are black and 10 are Puerto Rican. With the addition of these families came a breakthrough in enrolling families from the West Side.

All except five Home Start families enrolled in Cleveland have incomes reported below $4000. In all families the focal parent is female, and usually the focal child's mother. In nine families, both mother and father are considered focal parents; the remaining 41 are single-parent families.

In addition to Home Start, 20 enrolled families live in public housing; 46 participate in Medicaid and 46 are registered for Aid for Dependent Children. Some 47 families participate in the Food Stamps program.

The 50 families have a total of 57 focal children. Of these children, 34 are three years old, 23 are four years old. No focal child is five years old.

By the end of Spring 1973, the Director estimates that 40 focal children will leave the program.

## II. ADMINISTRATION AND TRAINING

Organization and Planning

Careful planning and administration, hours of thinking and rethinking have gone into the process of shaping this Home Start program. During the start-up months, Director Mary Martin carried full responsibility for planning, coordinating, training, public relations, and fund raising. Now she is shifting some of these responsibilities to new staff. As Program Coordinator, Dell Graham will oversee activities of staff and families. Constant meetings and conversations with Home Visitors are helping Dell Graham get a firm understanding of the program. Ruth Correll, as Education Director, will coordinate, plan and provide in-service training for Home Visitors. She will also periodically be making Home Visits.

Although these shifts in administration are occurring, it's still necessary to monitor the activities of all staff. Mary Martin directly supervises the Program Coordinator and Education Director. She also supervises three Home Visitors directly. The Education Director will be responsible for supervising one Home Visitor, serving from 8-10 families, the Program Coordinator for four![1]

As well as having a direct chain of supervision, each Home Visitor submits weekly written reports concerning visits to each family, what took place during that visit, and the state of the family. This reporting produces a constant flow of information about the family, available to all of the Home Start staff and consultants.

---

[1] See organization chart on page 4.

Staff Training and Development

Before the program actually began, the Director and four Home Visitors participated in pre-service training. All staff now participate in Monday in-service training sessions related to each component.

Training consists of role playing, reading, discussion and developing materials to be taken into homes. In-service training now takes place all day Monday instead of half a day.

The Mental Development Center at Case Western Reserve University is an important resource available to Cleveland Home Start. Under the direction of Ms. Jane Ressler, the Mental Development Center is providing child development information in relation to normal stages of development.

Ms. Bassitt, from the Center for Human Services, is providing information about family life. She is providing a series of discussions attempting to depict the family as a whole.

Nutrition in-service training is being provided to the staff by Jo Ann Sockett, a graduate student in Nutrition. This training will continue, when Ms. Sockett is replaced in January by another nutritionist.

Educational units are being developed by Education Director Ruth Correll, and each unit is thoroughly discussed with each Home Visitor before presentation in the home.

## III. PARENT PARTICIPATION

Parent participation is active at two levels: parent group meetings, and the selection of representatives to the Parent Policy Committee. Group meetings are being held in each of the Home Visitor's areas. Home Visitors have expressed some need to get parents more active in their meetings. Each parent group meets at least once a month, discussing issues concerning their area, life style and problems. All eight groups are in the process of selecting one representative each for the Parent Policy Committee.

The Parent Policy Committee is composed of two elected representatives for each parent group. This committee will serve as a decision-making body for major decisions concerning all areas of Home Start. In October, the first Parent Policy Committee meeting was held. Only two parent group representatives attended. The other areas will be selecting their representatives in the future. The Parent Policy Committee will select two representatives to serve on the Parent Policy Council in January. The Council is composed of representatives from all of the federally sponsored projects under the Cleveland Council of Economic Opportunity.

The Director anticipates that the Parent Policy Committee will be in full operation at the end of this program year. The program waited to elect Policy Committee members until a significant number of families had been recruited.

## IV. FAMILY NEEDS AND PROGRAM SERVICES

### A. Program Goals and Priorities

The goals of Cleveland's Home Start Program, as stated in the original proposal

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.
- To demonstrate methods of delivering comprehensive Head Start type services to children and parents (or substitute parents) for whom a center-based program is not feasible.

The needs assessment sheets completed for 40 of the 50 families indicate what kinds of needs many families have, but the summary of needs does not indicate th severity of many problems. The summary does not show which needs the Home Visitors feel should have first priority, which can be met individually and which the program must make comprehensive plans for meeting. Generally, staff in Cleveland believe that psychological/social services have highest priority. Within this area, they see an important role for themselves in providing supportive counseling to families through the Home Visitors. Needs for clothing, better housing and food are so widespread that Home Visitors believe they can be most effective by providing help to parents in arranging to meet many of their needs themselves. This does not mean that Home Visitors do not arrange for families to receive food stamps, health check-ups, or other services. There are a number of social service agencies in Cleveland, and the staff has found them to be responsive to families referred during the past six months; consequently Home Visitors believe they help families more in the long run by supporting them in arranging for many of the things they need, rather than securing these arrangements for families.

In addition to social and psychological services, education for both children and parents is a high priority for Cleveland families. Although there are a number of health needs listed in the summary of the assessment sheets, the program has arranged for health problems to be treated. While health will continue to be important for families whose scheduled appointments have not yet been met, the program staff can turn its attention to other types of needs.

## B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference September 1972 in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the fall program visit by case study staff.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessments sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services, and priorities.

In Cleveland it is important to note that the needs assessment sheets list several problems for many families without noting which needs were already scheduled to be met. The summary on the next page is intended to show the range of needs described: the totals of needs should be used only as outlines, not as complete indicators of need.

During discussions of family needs and the assessment sheets, Cleveland Home Start staff agreed that their priority for dealing with families was in the social and psychological area, helping families to arrange needed services for themselves.

Home Visitors also stated that, regardless of the strength of their program or the quality of the services they provide, some social problems for their families can only be reduced over a period of time; often, they feel, they can provide only limited help for problems. Home Visitors, for example, pointed out that they cannot provide job training, nor can the locate many jobs for their families, so they must do what they can to help families obtain food.

The Administrators did not assist Home Visitors in filling out forms and copies of assessment sheets will be returned to the program for its files.

# SUMMARY OF
# FAMILY NEEDS ASSESSMENT SHEETS

## Health

| Problems/Needs | # of Children |
|---|---|
| General health improvement, checkups | 17 |
| Dental check or treatment | 10 |
| Vision exam | 2 |
| Immunizations | 7 |
| Treatment for health problems | 2 |
| | 38 |

| Problems/Needs | # of Parents |
|---|---|
| General examination or treatment | 7 |
| Dental care | 2 |
| Obesity | 4 |
| Family planning | 1 |
| Spanish-speaking doctor | 1 |
| | 15 |

## Education

| Problems/Needs | # of Children |
|---|---|
| Greater interaction with parents | 5 |
| Exposure to community resources such as zoos, parks, fire stations, police stations | 57 |
| Speech therapy and language development | 2 |
| Toys or materials for home | 7 |
| Help adjusting to father's absence | 3 |
| English as second language | 6 |
| | 80 |

| Problems/Needs | # of Parents |
|---|---|
| General basic education or job training | 7 |
| Understanding of child development; interest in child's learning | 4 |
| English as second language | 7 |
| | 18 |

## Nutrition

| Problems/Needs | # of Children |
|---|---|
| Better nutrition; more food | 13 |

| Problems/Needs | # of Parents |
|---|---|
| Supplements to diet or food stamps | 13 |
| Help in planning and preparing more nutritious meals | 7 |
| Help in budgeting for food | 3 |
| | 23 |

## Social/Psychological

| Problems/Needs | # of Children |
|---|---|
| Clothing, coats and boots for winter | 21 |
| Safe place to play | 2 |
| Association with other children | 2 |
| | 25 |

| Problems/Needs | # of Parents |
|---|---|
| Furniture | 11 |
| Beds and bedding | 6 |
| Better housing | 6 |
| Financial assistance | 4 |
| Use of social service agencies | 2 |
| Self confidence | 4 |
| Marital problems | 3 |
| Association with others | 2 |
| Transportation | 1 |
| Washing machine | 2 |
| Clothing | 4 |
| | 45 |

## C. Program Components: Objectives, Services, Needs

### 1. Education

### Objectives - Spring 1972

The focus of the Education Component objectives is:

- To help a child develop a sense of self-esteem.
- To foster, as his/her own self-esteem develops, his respect for other persons.
- To stimulate curiosity, to encourage questioning, and to allow exploration.
- To sharpen perceptual discrimination, visual, auditory, tactile, and olfactory.
    - encourage comfortable expressions of thought and feelings, and
    - develop language skills.
- To develop the ability to listen with understanding and empathy when others are speaking.
- To develop manipulative skills -- small muscle development and hand-eye coordination.
- To identify special problems -- physical, intellectual, emotional and social.
- To make referral to appropriate agencies when there are special problems.

### Objectives Achieved

Staff feel that education of both parents and children is indeed progressing. The Home Visitors' use of the "Beautiful Junk Bag" has been successful in helping parents see that toys and games can be made from discarded objects found in the home. Other toys to make at home are being reviewed by staff. Home Visitors hav stated that parents are not always receptive to new materials brought along on a home visit; flexibility is necessary in order to lose the existing rapport. At other times, a Home Visitor may walk into a home and find parents already engaged in activities with their children. Home Visitors feel then that their influence is often difficult to measure.

Home Visitors spend two hours a week on a typical home visit with each family. Most of their time in the home is spent on educational activities with children, but Home Visitors realize they are educational resources for the other members in the family as well.

In one family, the father bargained with the Home Visitor when she originally talked with the family about joining Home Start. He would allow his children to participate in the program and allow the Home Visitor to come each week he said, if she would teach him how to write his name in English. Home Visitors who visit with Spanish speaking families often spend some time each week helping family members to understand or use a few English phrases, although many of these home visit activites are conducted in Spanish.

Of another family, a Home Visitor reports, "Whenever I went to this lady's house, the place would be messy. We talked about the importance of keeping the home clean. One day she stopped at my office to ask if I was coming by later; she said she had cleaned up the whole area where we usually work. To me, that's a form of progress. "

Home Visitors keep home visit logs in which they record what happened and who was present during the home visit that week. These logs are filed with the Program Coordinator and reviewed by the Director, the Program Coordinator, and the Education Director, who meet directly with staff each week.

As mentioned earlier, Cleveland Home Start's new Education Coordinator, Ruth Correll is putting together new educational teaching units. One such a unit was an autumn visit to a nearby day camp for a staff training session. A walk through the woods allowed each staff member to collect leaves, flowers, berries and other plants to be used in planning home visit activities to help children see, smell and feel the change of season.

For most units, Ms. Correll has set these two objectives:

- To sharpen perceptual discrimination, visual, auditory, tactile and olfactory.

- encourage comfortable expressions of thought and feeling, and
- develop language skills.

- To stimulate curiosity, to encourage questioning and to allow exploration.

Other units for home visits include one on Thanksgiving, one about malnutrition and obesity, and one on winter. "In January," says Ruth Correll, "we're planning a transportation unit and a series of activities about community help.

For Home Visitors Ms. Correll has identified a broad objective: To increase mothe interaction with children. One means of encouraging such interaction, she believ is by way of using a kit of pre-designed developmental activities. The kit conta exercises for developmental stages of children from 0 to 12 years of age. Home Visitors show mothers how to use it and then mothers go through the exercises with their children. Ms Correll hopes to use the kit in helpding Home Visitors evaluate progress of their families.

Needs - Fall 1972

| Problems/Needs | # of Children |
|---|---|
| Greater interaction with parents | 5 |
| Exposure to community resources such as zoos, parks, fire stations, police stations | 57 |
| Speech therapy and language development | 2 |
| Toys or materials for home | 7 |
| Help adjusting to father's absence | 3 |
| English as second language | 6 |
| | 80 |

| Problems/Needs | # of Parents |
|---|---|
| General basic education or job training | 7 |
| Understanding of child development; interest in child's learning | 4 |
| English as second language | 7 |
| | 18 |

## Additional Arrangements for Meeting Needs

Home Visitors and the Program Coordinator are currently exploring community programs to find adult basic education, job training and resources for providing instruction in English as a second language. For children and parents, the Education Coordinator is arranging field trips to places in the community for the home visit unit on "community help."

## Objectives - December 1972

Among revised objectives for the next 6 months, the educational component plans to:

| Objective | Resource | Completion Date |
|---|---|---|
| 1. Provide center for group educational experiences for 10 parents and the focal children together in one of the Home Visitor groups | Educational Director<br>Home Visitor | March 30, 1973 |
| 2. Provide a field trip to a community resource for each group | Educational Director<br>Home Visitor | April 30, 1973 |
| 3. Arrange at least 4 films from library for parent education at the four group meetings. | Educational Director | April 30, 1973 |

## 2. Health

### Objectives - Spring 1972

In Spring 1972 the Cleveland program identified the following health objectives:

- To support the Home Start families' own strengths in seeking and using needed community health services.
- To reinforce the Home Start families' efforts to follow through on the delivery of services.
- To identify unmet health needs and to give support and active help in procuring needed services.

### Objectives Achieved:

Cleveland's Project Director and Program Coordinator has been able to secure the aid of Doctor Leau of the East 35th Street Clinic in providing comprehensive physical examinations of all members of Home Start families. Dr. Leau is donating his services to the Home Start Program. Since examining a total family is a time-consuming process, Dr. Leau schedules three families each Saturday, for those who live on Cleveland's East Side. Both he and Marx Martin are trying to establish the same services on Cleveland's West Side. In addition to examinations, families seen by Dr. Leau are provided with free immunizations. A total of 14 families were referred for physical examinations prior to the Fall field visit.

Dr. Leau and Dell Graham, Program Coordinator, make referrals to other agencies for family members who need special tratment. The Metropolitan Hospital has received the majority of health services referrals. Several other community resources are used. Whenever referrals are made, Ms. Graham and Home Visitors are responsible for seeing that follow-up is done.

One Home Visitor refers mothers to a program at the Garden Valley Neighborhood Center. The program, called "Baby Talk" is designed to teach new and young mothers about the early development of their children.

### Needs - Fall 1972

Needs identified on needs assessment sheets include:

## Health

| Problems/Needs | # of Children |
|---|---|
| General health improvement, checkups | 17 |
| Dental check or treatment | 10 |
| Vision exam | 2 |
| Immunizations | 7 |
| Treatment for health problems | 2 |
| | 38 |

| Problems/Needs | # of Parents |
|---|---|
| General examination or treatment | 7 |
| Dental care | 2 |
| Obesity | 4 |
| Family planning | 1 |
| Spanish-speaking doctor | 1 |
| | 15 |

Many of these needs are being met or are scheduled to be met through services of Dr. Leau.

### Additional Arrangements for Meeting Needs

Dental exams have not begun at this time due to the lack of donated services. The Home Start budget will not permit such an expense. However, Ms. Martin and Ms. Graham are in the process of procuring these services for early 1973.

Information concerning obesity, dieting and balanced meals is being presented through the Education unit, as well as the Nutrition Component. Special medical attention will be given by Dr. Leau during family examination. Referral to special clinics or the hospital will be made if necessary.

Clothing and shelter needs, although directly related to health, are being addressed by the Social Services Component.

### Objectives - December 1972

For health services in the coming months, the Home Start staff have written the following specific objectives:

| Objective | Resource | Completion Date |
|---|---|---|
| 1. To provide complete physical exams for all focal children involved in Program Year I | E. 35th St. Clinic<br>McCafferty Clinic<br>Hough-Norwood Clinic | May 1, 1973 |
| 2. To provide dental exams and care to all focal children involved in Program Year I. | Dr. Kallins<br>McCafferty Clinic<br>Hough-Norwood Clinic | May 1, 1973 |
| 3. To arrange for followup care to focal child for any medical problem discovered during exam that clinic cannot provide | Home Visitor<br>Program Coordinator | May, 1973 |
| 4. To provide referral services to 4 parents who have special medical needs | Home Visitor<br>Program Coordinator | May, 1973 |
| 5. Information regarding health home safety will be given to one group of parents | Health Museum | March, 1973 |

## 3. Social/Psychological Services

### Objectives - Spring 1972

The specific objectives of the Psychological and Social Services component are:

- To strengthen the family's ability to facilitate the general development of its members through exploring new approaches to areas specifically related to the development of mental health.
- To facilitate the family's ability to make positive use of community resources.

### Objectives Achieved:

The Cleveland Home Start staff believes in helping families obtain services themselves. The program attempts to reduce the crisis orientation of many families by making them aware of various community resources. For example, one mother knew that it was beginning to get cold, yet she did not have a sufficient supply of clothes for her children or blankets for their beds. With the aid of the Home Visitors she was able to secure clothing and blankets from Friendly Inn, a local agency which provides new shoes and some clothing. Several boxes of clothes have been donated to Home Start by various groups.

Thirty referrals to social service agencies have been made since last spring by Home Start to the following agencies:

| | Services Received |
|---|---|
| • Legal Aid | 2 |
| • Thrift Shop | 3 |
| • County Welfare | 1 |
| • Bingham Day Nursery | 1 |
| • Christ Child Society | 2 |
| • Garden Valley Neighborhood Center | 4 |
| • Day Camp | 2 |
| • Crisis Center | 2 |
| • Board of Education | 3 |

This list does not include referrals made to health agencies.

Needs - Fall 1972

The needs identified in the fall were:

Social/Psychological

| Problems/Needs | # of Children | Problems/Needs | # of Parents |
|---|---|---|---|
| Clothing, coats and boots for winter | 21 | Furniture | 11 |
| | | Beds and bedding | 6 |
| Safe place to play | 2 | Better housing | 6 |
| Association with other children | 2 | Financial assistance | 4 |
| | 25 | Use of Social Service agencies | 2 |
| | | Self confidence | 4 |
| | | Marital problems | 3 |
| | | Association with others | 2 |
| | | Transportation | 1 |
| | | Washing machine | 2 |
| | | Clothing | 4 |
| | | | 45 |

During staff meetings and in-service training, information about various community resources are shared. This allows all staff to have as much knowledge about various organizations and agencies as any one of them. Ms. Martin, Ms. Graham, and Ms. Correll are continuously researching new agencies to add to the list. Each Home Visitor talks with parents about resources and provides them with a list of available agencies and services. The Project Director has major responsibility for implementing Social and Psychological services due to her experience and training in this field.

Objectives - December 1972

Revised objectives for the Social and Psychological Services Component include:

| Objective | Resource | Completion Date |
|---|---|---|
| 1. To refer at least 3 families for counseling for problems when identified | Project Director<br>Home Visitor | May, 1973 |
| 2. To distribute donated winter clothing to no less than 15 families | Home Visitor | February 28, 1973 |
| 3. To have psychological evaluation for 3 children whom Educational Director has indicated a need for service | Mental Development Center<br>University Hospital and Clinic | May 31, 1973 |

## 4. Nutrition

### Objectives - Spring 1972

The specific objectives identified for the Nutrition component in May were:

- To reinforce the family's own strengths and preferences in food planning, preparation and purchasing.
- To offer education on the relation of food to family health.
- To offer support in obtaining needed resources to provide adequate nutrition.

### Objectives Achieved

In spring, during program start up, Director Mary Martin had made arrangements with the Nutrition School of Case Western Reserve University to provide nutrition services to families. The University was to place three graduate students with Home Start to assist the Program Coordinator. Soon after Dell Graham was appointed Program Coordinator, she began to work with the first of the graduate students from Case Western, Jo Ann Sockett. With $1,000 of Head Start Supplementary Training money earmarked for nutrition in Home Start, Jo Ann and Dell are planning in-service training for Home Visitors.

Jo Ann will be with the program until the first of the new year. Since her arrival last summer, however, she has spoken at several parent group meetings, discussing balanced meals, basic food groups, food preparation and arrangement. She has provided Home Visitors with illustrations to take to parents, and has also accompanied Home Visitors to homes to discuss nutrition with families.

"It's difficult to find ways to make nutrition interesting to parents," said Dell Graham. "Jo Ann has been able to make nutrition a little more interesting to some women. She has begun by planning diets with some mothers who want to lose weight."

A more serious problem, says Ms. Graham, is how to encourage mothers to prepare nutritionally balanced meals when they have little money to buy food. Home Visitors and the Nutritionist have begun a "comparative buying campaign" to encourage parents to compare prices when buying clothing and food.

Some families simply need more food. Cleveland has a Food Stamp program in which 47 families are enrolled, but some families use all their stamps at the beginning of the month and run out of food by the end of the month. To supplement food stamps, Mr. Richard Jones (Assistant Director of Day Nursery Association) and Ms. Graham have been able to get the Regional Office to allow Cleveland Home Start to receive food staples. These staples come in large quantities, and Mr. Jones has procured a storage place at one of the Day Nurseries. The Regional Office says, however, that the staples can only be used for demonstration purposes, so the use of this food will be limited to workshops about nutritionally balanced meals.

To encourage mothers to find new ways of using food supplies, the Home Start staff is putting together a cookbook of receipes donated by mothers.

## Needs - Fall 1972

All staff agreed that families should be aware of nutrition and how to nutritionally balance meals, but that basic and traditional food patterns should not be altered.

### Nutrition

| Problems/Needs | # of Children | Problems/Needs | # of Parents |
|---|---|---|---|
| Better nutrition; more food | 13 | Supplements to diet or food stamps | 13 |
| | | Help in planning and preparing more nutritious meals | 7 |
| | | Help in budgeting for food | 3 |
| | 13 | | 23 |

## Objectives - December 1972

Revised objectives for the Nutrition Component might include:

| Objective | Resource | Completion Date |
|---|---|---|
| 1. Work on a one to one basis with 3 families who doctors have diagnosed as having health problems due to poor eating habits | Home Visitor<br>Program Coordinator<br>Nutritionist | May 31, 1973 |
| 2. Complete Part I of cookbook with recipes of nutrionist, economic dishes for mothers in program | Nutritionist<br>Home Visitor | February 28, 1973 |
| 3. Have U. S. Government Food Surplus available for use in food demonstration | Program Coordinator<br>Nutritionist | January 31, 1973 |
| 4. To present food demonstration of low cost meals to 6 groups of mothers | Nutritionist<br>Home Visitor | May 31, 1973 |

# APPENDIX A

# CASE STUDY I - SPRING 1972

# SUMMARY

# CLEVELAND HOME START PROGRAM

# OHIO

## CASE STUDY I - SPRING 1972

## SUMMARY

The Cleveland Home Start Program is an urban program located on the East side of the metropolitan inner city. Home Start is sponsored by the Council of Economic Opportunities (CEOO in Greater Cleveland, with the Center for Human Services as the Delegate Agency.)

Presently there is one central Home Start office on Cornell Avenue and four satellite offices, two located in day care centers, one in a CEO Outreach post, and one in a settlement house.

### Staff

The program is just beginning and has hired only four of eight Home Visitors. Other staff include a Program Coordinator, a Clerk-Typist, and the Project Director, Mary Martin. The Home Start staff has been able to recruit and enroll 38 families so far; the target enrollment is 80 families. Recruitment of remaining families will continue throughout the summer.

### Staff Training

Extensive pre-service and in-service training has been made available to the Home Start staff. Director Mary Martin has been able to do much of the training herself, with the assistance of Richard Jones, Assistant Director of the Day Nursery Association, and other people in the community, including the Family Services, the Mental Development Center, and consulting pediatricians. Ms. Martin has attempted to produce a training "model" which provides a groundwork in the educational goals of the program, as well as transferring to paraprofessional staff the information they will need to provide families with service. The Home Visitors intend to develop some assessment procedures for parents and children to evaluate the staff choice of materials and activities. In addition, the staff will continue to call upon child development experts in various fields to broaden their own skills and become more sensitive to the needs of the families they serve.

## Services

### Health

The overall objective of the Health Component will be to ensure that the child's and family's future health be preserved by providing preventative and curative health care. The existing health facilities in Cleveland have proven to be most cooperative in supporting this concept. Recipients of welfare grants are not, in most cases, charged for the health services delivered by these facilities. Low income families are charged for services on a sliding fee scale.

### Nutrition

The Nutrition Component of the Cleveland Home Start is to be implemented by the Program Coordinator (who will also have supervisory responsibility for four Home Visitors).

### Psychological/Social Services

Psychological services will be provided to the Home Start families by relying on the assistance of consultants who will deal directly with families or who will provide training for Home Visitors. Home Visitors will receive training so that they are familiar with standards of normal child development and can plan activities for most children as well as detect developmental problems of other children.

### Education

Delivery of educational services in Cleveland Home Start will depend upon Home Visitors well trained as teachers. Although most are paraprofessionals, Home Visitors are developing competence in teaching skills, in observation and helping skills and sensitivities. In Cleveland, staff training and improved education for children go hand-in-hand.

### Program Goals and Objectives

The goals of the Cleveland Home Start Program, as stated in their proposal, are:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.

- To demonstrate methods of delivering comprehensive Head Start-type services to children and parents (or substitute parents) for whom a center-based program is not feasible.

One strength of the Cleveland Home Start Program is their awareness that Home Start is not a panacea for all the problems of low-income families. They are working to define Home Start. They believe that Home Start can foster learning as a family-sharing experience, with occasional assistance for health, nutrition or psychological problems.

CLINCH-POWELL EDUCATIONAL COOPERATIVE
Harrogate, Tennessee

Case Study II Fall 1972

# Project Home Start
Campbell and Union Counties, Tennessee

Principal Author: Wynn Montgomery

## TABLE OF CONTENTS

PAGES

- Preface - Case Study Design i
- IN BRIEF ii

I. Progress Report 1
  A. Impressions - October 1972 1
  B. Program Update 3
II. ADMINISTRATION AND TRAINING 7
III. PARENT PARTICIPATION 11
IV. FAMILY NEEDS AND PROGRAM SERVICES 12
  A. Program Goals and Priorities 12
  B. Assessment of Needs 14
  C. Program Components: Objectives, Services, Needs 17
    1. Education 17
    2. Health 27
    3. Psychological/Social 32
    4. Nutrition 35

APPENDICES

A. Case Study I Summary Spring 1972
B. Pre-Service Agenda
In-Service Training Agenda

# PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study is developed after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations, for the four service components (health, education, nutrition, psychological and social service) were termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

---

[1] See Section IV. An "Assessment of Needs" for detailed description.

# IN BRIEF

## OCTOBER 1972

## GENERAL

TYPE OF PROGRAM: Rural
SPONSORED BY: Delegate - Clinch-Powell Educational Cooperative
Grantee - Same
ADMISSION CRITERIA: HEW Head Start Guidelines
PROGRAM START-UP DATE: June 12, 1972
HOURS OPEN: Monday - Friday, 8:30 a.m. - 4:30 p.m.

## FAMILIES

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| ENROLLMENT: | 0 | | 76 | | +76 | infinite |

## STAFF

| | | | | | | |
|---|---|---|---|---|---|---|
| TOTAL PAID STAFF: | 3 | | 10 | | + 7 | 233% |
| Full-Time | 3 | 100% | 9 | 90% | + 6 | 200% |
| Part-Time: | 0 | | 1 | 10% | + 1 | infinite |
| TOTAL IN-KIND STAFF: | 0 | | 0 | | - | |
| Full-Time | 0 | | 0 | | - | |
| Part-Time | 0 | | 0 | | - | |
| ETHNICITY OF STAFF: | | | | | | |
| Anglo: | 3 | 100% | 10 | 100% | + 7 | 233% |
| Black: | 0 | | 0 | | - | |
| Chicano: | 0 | | 0 | | - | |
| Indian: | 0 | | 0 | | - | |
| Oriental: | 0 | | 0 | | | |
| Other: | 0 | | 0 | | - | |
| SEX OF STAFF: | | | | | | |
| Female: | 3 | 100% | 9 | 90% | + 6 | 200% |
| Male: | 0 | | 1 | 10% | + 1 | infinite |

STAFF POSITIONS: Director 50%*, Field Supervisor, Teacher, Home Visitors (5), Nurse, Secretary

POSITIONS OPEN: None

*Director also serves as Director of ESEA Title III Early Childhood Education Project.

## CHILDREN

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL HOME START CHILDREN: | 0 | | 93 | | +93 | infinit |
| TOTAL CHILDREN (ELIGIBLE FAMILIES): | | | | | | |
| 0-12 months: | 0 | | 15 | 5% | N/A[1] | |
| 13-24 months: | | | 16 | 6% | - | |
| 25-36 months: | | | 22 | 8% | - | |
| 37-48 months: | 0 | | 30 | 11% | - | |
| 49-60 months: | | | 45 | 16% | - | |
| 61-72 months: | | | 28 | 10% | - | |
| 6-9 years: | 0[2] | | 56 | 20% | - | |
| 10-13 years: | | | 39 | 14% | - | |
| 14-18 years: | | | 26 | 9% | - | |
| ETHNICITY OF FOCAL CHILDREN:[3] | | | | | | |
| Anglo: | 0 | | 89 | 96% | N/A[3] | |
| Black: | 0 | | 4 | 4% | - | |
| Chicano: | 0 | | 0 | | - | |
| Indian: | 0 | | 0 | | - | |
| Oriental: | 0 | | 0 | | - | |
| Other: | 0 | | 0 | | - | |
| SEX OF HOME START CHILDREN: | | | | | | |
| Female: | 0 | | 49 | 53% | + 49 | infinit |
| Male: | 0 | | 44 | 47% | + 44 | infinit |

---

[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Fall 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start childre Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

## PARENTS

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL FOCAL PARENTS:[1] | 0 | | 138 | | +138 | infinite |
| SEX OF FOCAL PARENT: | | | | | | |
| Female: | 0 | | 76 | 55% | + 76 | infinite |
| Male: | 0 | | 62 | 45% | + 62 | infinite |
| Families in which both parents are considered focal parents: | 0 | | 62 | 82% | + 62 | infinite |
| EMPLOYMENT OF FOCAL PARENT: | | | | | | |
| Employed:[2] | 0 | | NI | | - | |
| Unemployed: | 0 | | NI | | - | |
| In School or Training: | 0 | | NI | | - | |
| Unknown: | 0 | | NI | | - | |
| EMPLOYMENT OF FAMILIES:[3] | | | | | | |
| Employed, Regular: | 0 | | NI | | - | |
| Employed, Part-Time or Seasonal: | 0 | | NI | | - | |
| Unemployed or Unknown: | 0 | | NI | | - | |

ESTIMATED FUNDING:

| | |
|---|---|
| HEW: | $100,000 |
| In-Kind: | 39,640 |
| Total: | $139,640 |

FOR FURTHER INFORMATION, CONTACT:

Mrs. Sue Suppiger
Field Supervisor - Home Start
Clinch-Powell Education Cooperative
Harrogate, Tennessee
(615) 869-3605

---

[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

# I. PROGRESS REPORT

## A. Impressions

Every Monday afternoon, a mini-van rolls into the parking lot behind the first Baptist Church in LaFollette, Tennessee. A few children who arrive early climb aboard as soon as the van stops. Soon others join them for an hour and a half of classroom instruction from Teacher Elizabeth Shuford. This location is one of 10 at which Elizabeth meets the Home Start children of Campbell County. In nearby Union County, the Home Start children receive their classroom experience in a larger (34-foot, 5-ton) van along with children enrolled in CPEC's Title III Early Childhood Education (ECE) project -- a program which served as a model for the three-phase (TV, home visits, classroom experience) Home Start education component.

Elizabeth is familiar with the larger vans. She used one last year as an ECE Teacher and this summer, when the Title III project was not operating, she used a large van for her Home Start children. She likes the mini-van's maneuverability and prefers working with the smaller groups of children (6-10 at each stop). There are a few minor problems with the new vans, however. For example, electrical connections are not yet available at all stops, so neither the van's heater nor its air conditioner are operative. Efforts are underway to have the necessary connections installed before winter arrives, and this problem soon will be eliminated. Space -- particularly table space and storage space -- is somewhat limited on the mini-van, but as Elizabeth becomes more accustomed to her new "classroom" the inconveniences caused by the shortage of space will diminish.

One thing is clear, whether the classroom is a large van or a mini-van, whether space is plentiful or limited, whether there is heat and air-conditioning or not, the children love it! Furthermore, the CPEC staff feels that the child-to-child interaction which occurs in the classroom is an important social opportunity for the Home Start children, who appear to be much more reticent than the children who were enrolled in the Title III project.

## B. Program Update

### Staffing

The most important change in the CPEC Home Start Program since Spring 1972 can be summarized in one word -- people. The Home Start Program is now fully staffed although the staffing pattern has changed slightly. Staffing changes from the original proposal and the new personnel selected to fill the current positions are described below.[1]

Overall planning and administrative responsibility for Home Start remains with CPEC's Director of Early Childhood Education, who has similar responsibility for the Title III Project. This position, which was open in May, was filled in mid-September when Bill Locke joined the CPEC staff. Bill, a 28 year old Tennessean, left the Tennessee Department of Education after one year to accept the CPEC position. His educational background (an MA from East Tennessee State University) and his previous experience (including a stint as the only male kindergarten teacher in the state) are extremely appropriate for his new responsibilities.

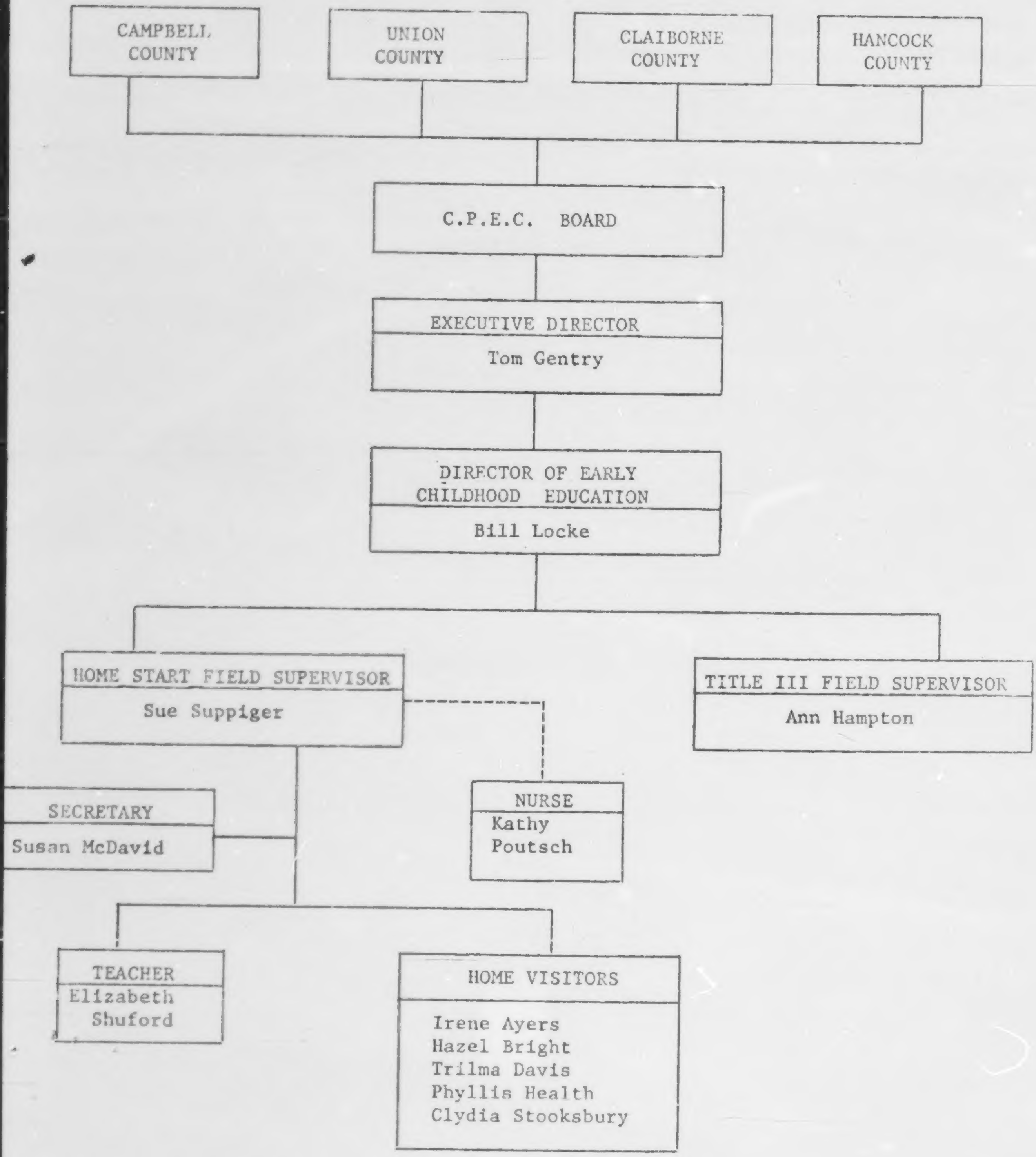
A full-time Home Start Field Supervisor has been assigned responsibility for day-to-day supervision of the activities of the Home Start staff, thereby freeing Ann Hampton to devote her full energies to a similar assignment in the Title III project. Sue Suppiger has worked in CPEC's Communications (public relations) program for several years and became Home Start Field Supervisor in mid-June. Her educational background includes an undergraduate degree from Kansas State University and a Masters Degree in Elementary Guidance and Educational Psychology from the University of Tennessee.

The number of Home Visitors has been increased from four to five -- one in Union County, four in Campbell County (three in LaFollette, one in Jellico) -- and all five have been hired. All are natives of the areas in which they work, and their strongest assets are their enthusiasm and their ability to relate with the Home Start Families.

---

[1] See Organization Chart on the following page.

ORGANIZATION CHART - CPEC HOME START


CAMPBELL COUNTY
UNION COUNTY
CLAIBORNE COUNTY
HANCOCK COUNTY
C.P.E.C. BOARD
EXECUTIVE DIRECTOR
Tom Gentry
DIRECTOR OF EARLY CHILDHOOD EDUCATION
Bill Locke
HOME START FIELD SUPERVISOR
Sue Suppiger
TITLE III FIELD SUPERVISOR
Ann Hampton
SECRETARY
Susan McDavid
NURSE
Kathy Poutsch
TEACHER
Elizabeth Shuford
HOME VISITORS
Irene Ayers
Hazel Bright
Trilma Davis
Phyllis Health
Clydia Stooksbury

Only one Mobile Classroom Teacher has been assigned to work exclusively with Home Start. She works in Campbell County, and no Teacher's Aide is assigned to assist her because of the limited number of children accomodated by the mini-van. There is no Home Start Teacher in Union County, where the Home Start children attend the Title III mobile classroom. Since the Home Start Teacher has a degree in Home Economics/Child Development, she is also responsible for supervision of the Educational Nutrition Component and for preparation of nutritional instruction materials for the Home Visitors.

Additional Home Start staff consists of a full-time Secretary and a Nurse, who technically works for the Public Health Department but is paid by CPEC and works full-time with the Home Start Program. The Parent Educator and Psychologist positions described in the project proposal have been eliminated.

Families

There are other new people associated with the program -- families. In early sum the CPEC staff began formally enrolling the families which had been pre-registere and enrollment was finished by the end of June. Home visits began on June 19.

A total of 82 families have been enrolled, and 76 families currently participate in Home Start. Of these, 12 are single parent families. Nearly half these families have annual incomes between $2,000 and $4,000. Some 14 families have incomes less than $2,000; and 17 make between $4,000 and $6,000. Many families participate in other federal programs, the largest number being enrolled in the Food Stamps program. Public Housing, Welfare and Medicaid also have Home Start families enrolled.

Television

Another major change in the CPEC Home Start Program since last Spring involves the television phase of the Educational Component. The decision to use "Sesame Street" instead of Appalachian Educational Laboratory's "Around the Bend" was discussed at length in Case Study I. Upon further consideration, the CPEC staff decided to use "Captain Kangaroo" instead of "Sesame Street" -- primarily because of superior local TV reception. Support materials for use by parents, Teachers, and Home Visitors are being developed locally.[1] Since the TVA grant to finance this curriculum development effort did not materialize, the cost will be divided equally between the Home Start and Title III projects.

---

[1] See Education section, page 17 for sample materials.

# II. ADMINISTRATION AND TRAINING

## Planning Process

Many basic start-up decisions concerning the Home Start Program were postponed until a Director of Early Childhood Education could be located. That Director was hired in September, but he has been with CPEC for only a few weeks and is still becoming acquainted with his new position.

Planning for individual families occurs on an informal basis at the weekly in-service training sessions. At that time, the Nurse, Teacher, and the Home Visitors exchange information and seek advice from each other and from the Field Supervisor. There is not, however, any procedure for discussing a family's needs on a regular basis.

## Staff Organization

The revamped organization of the Home Start staff was described in detail under "Program Update". At the present time, however, detailed job descriptions which clearly delineate each staff member's duties and responsibilities have not been developed.

## Recordkeeping

One of the first tasks undertaken by the New Director of ECE was improvement of the Home Start recordkeeping system.

At the present time, the central document in this system is the "Daily Schedule and Travel Log"[1]. Each Home Visitor completes one of these forms for each work day and turns them in to the Field Supervisor at the weekly in-service meetings. The reports are routed to the CPEC Business Manager, who records the mileage for future reimbursement, and then to the Home Start Secretary, who files them chronologically by Home Visitor. This form, as presently used, does not provide information on the amount of time spent by Home Visitors in activities other than direct services to families.

The filing system does not allow for progress with individual families to be traced easily. Some of the Home Visitors maintain an anecdotal notebook, but they are not required to do so at present. The Field Supervisor would like to have anecdotal records for all families.

The family records maintained at CPEC headquarters include a CPEC registration form (completed at the time of application) and forms for recording family information and program referrals, both a part of the national Home Start Information System.

Health records for each family are kept on file at the Public Health clinics.

## Staff Training and Development

The Home Start staff received three days of pre-service training in mid-June and then attended the appropriate portions of the three-week Early Childhood Education (ECE) pre-service training session held in August for other staff of Clinch Powell Educational Cooperative.[2]

---

[1] See sample log on the next page.

[2] Samples of Preservice and In-Service Training Agendas appear in Appendix B.

## DAILY SCHEDULE AND TRAVEL LOG

| Target Child's # | Family Visited | Time Spent Providing Services | | | | Remarks |
|---|---|---|---|---|---|---|
| | | Edu. | Health | Nutri. | Psy/Soc | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

TOTAL MILEAGE FOR DAY ____________

Every Wednesday is in-service training day for Home Start. They meet with the ECE staff in the morning to review the latest "Captain Kangaroo" support materials and, if necessary, to practice the activities suggested in these materials. Then the Home Start staff meets separately to exchange information and to discuss problems.[1]

Last year, the ECE staff received an in-service agenda which earned them college credits through the University of Tennessee. This year, arrangements have been made with Walters State Community College in Morristown which will enable all interested CPEC staff to work toward a Teacher's Aide Certificate, by acquiring 48 hours of college credit which can be applied to a two-year Associate of Arts (AA) degree. CPEC will pay the fees. The classes, specifically tailored to CPEC's needs, will be scheduled on Wednesdays and will be the primary in-service training. It appears that most of the Home Start staff will participate in this program.

---

[1] Samples of Preservice and In-Service Training Agendas appear in Appendix B.

## III. PARENT PARTICIPATION

No parent groups have been organized yet, although the entire staff is eager to do so. The Home Visitors also report that many parents are extremely interested in participating in such groups.

Current plans are to organize Parent Councils before the end of October. The exact structure and role of such groups deliberately are being left quite vague. The Home Start staff wants to let the parents determine the direction for their own groups.

A monthly newsletter ("Kid Staff") was sent to parents in the ECE program last year and a similar publication is being considered for both Home Start and Title III this year.

## IV. FAMILY NEEDS AND PROGRAM SERVICES

### A. Program Goals and Objectives

The overall goals of the Home Start Program, as described in the CPEC proposal, are as follows:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own child.
- To identify and remedy at as early an age as possible any existing medical, dental, and psychological health problems.
- To ensure the child's future health through specific preventive measures and through health and nutrition education of his parents.
- To provide a wide spectrum of educational activities for the children designed to stimulate physical, intellectual, and emotional development to the maximum.

Three of the five overall program goals relate to education, and CPEC's primary objective in May was to locate competent staff who could administer the entire program and deliver educational services in a manner which would enable the program to achieve these overall goals. Another short-range objective was to identify a television program to replace "Around the Bend" as the TV phase of the Educational Component and then to locate funds for financing the development of support materials for parents and Home Start staff.

The program staff are aware that they emphasize preschool education more than social services for families; that their visiting format, using mobile vans and educational television emphasizes Home Visitors teaching the child, rather than the parent becoming the child's primary educator. Staff is making plans to broaden the focus of Home Start although education will continue to be a primary goal of the Clinch-Powell program, but delivery of health services will be important in the coming months.

Both the ECE Director and the Home Start Field Supervisor are quite interested in developing specific goals and objectives for each component. Preliminary health and nutrition objectives have been developed for consideration, but no target dates have been established. Establishing educational objectives which can be measured without conducting numerous tests is proving to be especially difficult, and staff may seek aid from the State Head Start Training Officer.

## B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference, September 1972 in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the October Program visit by case study staff.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessment sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services and priorities.

In the Clinch-Powell Home Start, Needs Assessment sheets were filled out for all 76 families enrolled in the program. The needs which Home Visitors identified are summarized on the following page.

The numbers of needs in this summary should not be taken as literal indicators of the extent, much less the seriousness of the need listed. Many Home Visitors had difficulty in identifying specific needs for families. One factor may be that Home Visitors have had little opportunity to determine other family needs within the rather structured home visit format used consistently until fall 1972.

A summary of Needs Assessment Forms appear on the following page.

# SUMMARY OF

# FAMILY NEEDS ASSESSMENT SHEETS

## Health

| Problems/Needs | No. of Children | Problems/Needs | No. of Parents |
|---|---|---|---|
| Dental Needs | 29 | Dental Needs | 5 |
| Speech Problems | 8 | Miscellaneous | 8 |
| Immunizations | 7 | | 13 |
| Vision Problems | 5 | | |
| Miscellaneous | 1 | | |
| | 50 | | |

## Education

| Problems/Needs | No. of Children | Problems/Needs | No. of Parents |
|---|---|---|---|
| Pre-school Experience | 41 | Parental Involvement | 21 |

## Nutrition

| Problems/Needs | No. of Children | Problems/Needs | No. of Parents |
|---|---|---|---|
| None Specified | | Better Food/ Diet Planning | 23 |

## Social/Psychological

| Problems/Needs | No. of Children | Problems/Needs | No. of Parents |
|---|---|---|---|
| Social Interaction | 5 | Clothing | 12 |
| | | Food Stamps | 8 |
| | | Jobs | 7 |
| | | Counselling | 4 |
| | | | 31 |

## C. Program Components: Objectives, Services, Needs

### 1. Education

#### Objectives - Spring 1972

In Spring, 1972, the CPEC Home Start staff had recognized that the specific, quantifiable objectives for cognitive, affective, and psycho-motor development presented in their proposal were too structured for the Home Start Program, but a more appropriate set of objectives had not been developed.

Two short range goals for the program were also goals for delivering education to children. The goals were: to identify an appropriate television series as the basis for mobile van curricula; and to locate funds for developing support materials for parents and program staff to use with television series.

#### Objectives Achieved

Both short range goals were achieved. The television series "Captain Kangaroo" was adopted by the program as part of their curricula. Support materials are developed by a former CPEC Title III teacher; funds to develop support materials are provided by Home Start and the Title III program.

The CPEC Home Start use of television is patterned after a three-phase model designed by the Appalachian Educational Laboratory (AEL). The major difference between CPEC's and AEL's approach is CPEC's use of "Captain Kangaroo" as the TV phase of their program.

Home Start families are encouraged to watch "Captain Kangaroo," which is broadcast on weekdays between 8 and 9 a.m. A "Parent's Guide,"[1] developed by CPEC and delivered each week by the Home Visitors, describes each day's program suggests related activities which the parent can do with the child, and lists the supplies needed to undertake the suggested activities.

In addition to the Parents' Guide, an accompanying Guide is prepared for Teachers, Aides and Home Visitors.[2]

---

[1] Sample Parent Guide is on the following page.

[2] Sample Guide for Teachers, Aides, and Home Visitors is on the following page.

# CAPTAIN KANGAROO

## PARENTS' GUIDE

SEPTEMBER 18-22, 1972

Volume 1 Activities For Use With "Captain Kangaroo" Number 1

## WELCOME!

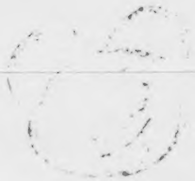
We are very happy to have you with us during this new school year. Some of you are back with us after being with us our first year, others of you joined us this summer and the rest of you are brand new to our program. Welcome to you all, to what we hope will be a very exciting year for you and your child.

Our program will still include the three very important phases, with a few changes. The TV program, we hope you will try to watch with your child this year, is "Captain Kangaroo," Channel 10, from 8 to 9 a.m. each weekday morning. The home visitor will visit in your home once a week and a classroom setting will be provided for your child once a week.

In the words of James L. Hymes, Jr., "The common aim of all Early Childhood Programs is to help children learn and to do it in such a way that each youngster is more glad he is alive during these early years."

Your child will learn from many people this year, but you, his parents, are his most important teachers.

So, to you and your child, a happy and helpful year, working with us as we work with you.



SEPTEMBER 18, 1972

What's It About: Several different kinds of experiments about air will be performed by Captain Kangaroo. Mr. Moose has written an opera called "Poor Old Phoebe." A mixed-up animal game is played. They begin reading the book Andy and the Lion. Party hats are made.

MONDAY

Home Supplies: Paper cup or paper plate, pipe cleaners, string.

Suggested Activities: (1) Help your child make his own party hat. Let him decorate the cup or plate any way he wants to. The string is to hold the hat on. (2) Allow your child to play in a sink or bucket full or water. Give him some measuring cups and spoons to play with. A great deal can be discovered through water-play.

---

SEPTEMBER 19, 1972

What's It About: Mr. Green Jeans plays with a super bubble pipe. A film is shown of all sorts of machinery working. Bunny Rabbit holds a dancing school. Captain and Mr. Green Jeans play dress-up. Animals --Capuchin Monkey, Mynah Bird. They continue the story Andy and the Lion.

Home Supplies: Fix a box or a bag with old clothes such as: Old hats, jewelry, pocket books, jackets, pants, make-up, wigs, etc.

Suggested Activities: Let your child have the box of dress-up clothes. Let him "do his thing." This activity will help your child's vocabulary, speech habits and creative expression.

TUESDAY

SEPTEMBER 20, 1972

What's It About: They take a look at the many ideas and inventions of Leonard da Vinci. Grandfather Clock plays "Guess Who I Am," a rhyme game about the weather. Andy and the Lion is completed. Baxter draws a picture of some flowers.

WEDNESDAY

Home Supplies: Crayons, paper.

Suggested Activities: Ask your child to draw a picture for you. When he has finished, let him tell you about it. A child's art doesn't always look like something to us, but to the child it does. Be proud of his work, a little praise goes a long way.

---

SEPTEMBER 21, 1972

What's It About: Mr. Green Jeans has invented "The Captain's Place Answer Machine." A film of the sea is shown. The letter B,b is introduced. Grandfather Clock has a puzzle game for the Captain. A cartoon about "The Camel Who Took a Walk" is shown.

Home Supplies: Paper bag, things that begin with B.

Suggested Activities: If your child's first or last name begins with B, be sure to call it to his attention. He might find other things around the house that begin with B. Take a bag and write a B on it, see what you can find--(button, book, box, bug, bean, bottle, belt, bell, band-aid, brush, bag.)

THURSDAY

FRIDAY

SEPTEMBER 22, 1972

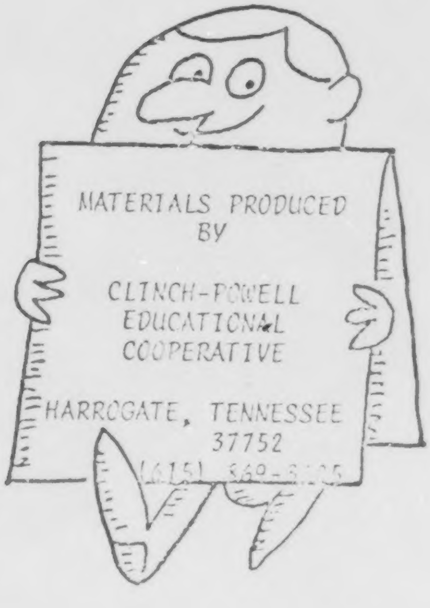
What's It About: The first day of Autumn is celebrated. Captain talks about acorns and harvest time. Mr. Moose tells the story of "The Apples and the King." They make a leaf scrap book. The cartoon "Camel Who Took a Walk" will be finished. The Captain reads a story about "The Seasons."

Home Supplies: Paste, paper, leaf, crayons.

Suggested Activities: (1) Talk with your child about the ways we can tell fall is here. (2) Paste a leaf or several leaves on a sheet of paper. Then let your child make animals or people out of the leaves by putting heads, arms, legs, eyes, etc., on the leaves.

---

CONCLUSION: We hope you've enjoyed your first week with us. If you have any questions, please call the number listed below. Have a good fall weekend!


MATERIALS PRODUCED
BY
CLINCH-POWELL
EDUCATIONAL
COOPERATIVE
HARROGATE, TENNESSEE
37752
(615) 869-3[illegible]05

# TEACHER, AIDE, AND HOME VISITOR'S GUIDE

SEPTEMBER 18-22, 1972

---

Volume 1 Activities for Use With Captain Kangaroo Number 1

---

## Thought for the Week

This week in our Parent's Guide we are stressing the important role the parents play in the child's life. We want to try very hard to make everyone feel comfortable in our program. Be sure they understand the three phases of our program. The most important of these being their role, in our program, as a parent.

## Objectives

1. To help each child feel comfortable in his new setting, in the classroom and in his home with the home visitor.

2. To help each child develop confidence in himself and his abilities.

## Theme

The Seasons

## SUGGESTED ACTIVITIES FOR HOME VISITORS

1. With Parents

   a. Show them how to make a party hat out of a paper cup or plate. (MON.)

   b. Explain to your parents the value of water play. Along with being a great psychological release for children, it also provides many learning opportunities. (MON.)

   c. Tell them about fixing a dress-up box. (TUES.)

   d. Wednesday we ask them to allow their child to draw a crayon picture. Encourage the parent to talk with the child about his picture. (WED.)

   e. Explain the B bag to the parent and give some examples. (THUR.)

   f. Show them how to make leaf pictures. (FRI.)

2. With Child

   a. This will be one of your first visits with the child. Try to find out his special interests. This can be done by looking through a book or magazine with him. Develop a good talking relationship with the child.

b. Take about 10 leaves with you when you visit.
   1. Talk about why they are beginning to fall.
   2. See how many he can count.
   3. See if he can match the different kinds of leaves.
   4. Talk about large and small, etc.

c. Now have the child place a piece of paper over the leaf and color. Let him talk about what he sees.

## SUGGESTED ACTIVITIES FOR TEACHERS AND AIDES

1. Welcome

Greet each child as he arrives. Put a name tag on. Allow them to wander around their new school. Explain anything that they seem puzzled about. After they have had a chance to look things over, try to lead them into some type of activity.

2. Individual and Small Group Activities

- a. Crayons and paper
- b. Puzzles---easy ones
- c. String beads
- d. Blocks and cars
- e. Books to look at about the seasons.

3. Clean-up Time

Show the boys and girls how they can help you put things away.

4. Short Group Time

a. Songs

1. Hello Everybody
Hello Everybody,
Yes indeed, Yes indeed, Yes indeed.
Let's make music, Yes indeed.
Yes indeed My darling.

2. If You're Happy
If you're happy and you know it
clap your hands (clap, clap)
If you're happy and you know it
clap your hands (clap, clap)
If you're happy and you know it
Then your face will surely show it
If you're happy and you know it, clap your hands. (clap, clap)
(Add other verses.)

b. Finger-play

1. Five Little Squirrels

Five little squirrels sitting in a tree.
The first little squirrel says, "What do I see?"
The second little squirrel says, "I smell a gun."
The third little squirrel says, "Let's run, Let's run."
The fourth little squirrel says, "Let's hide in the shade."
The fifth little squirrel says, "I'm not afraid."
Bang! went the gun. (clap your hands)
And away they all ran, every one. (Let your fingers run away.)

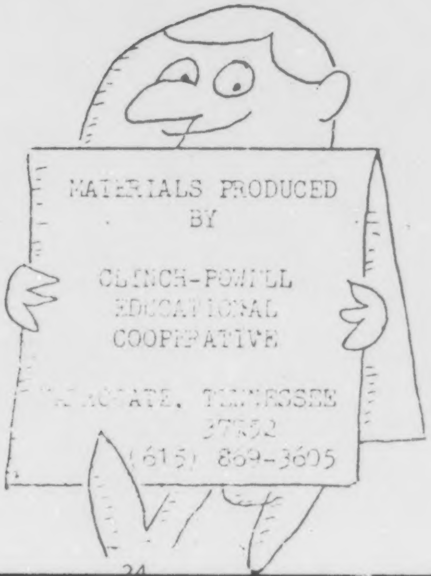
c. Story

Now It's Fall--Lois Lenski
Chubby's First Year--Flavia Gag
Around the Year--Tasha Tudor
Down Come the Leaves--Bancroft
Let's Find Out About Fall--Sharp
A Tree is Nice--Udry
Johnny Maple Leaf--Tresselt
Autumn Harvest--Tresselt

d. Snack-Time

e. Dismissal

Let them know you are looking forward to seeing them again next week. Tell them they will have a chance to finger paint.


MATERIALS PRODUCED
BY
CLINCH-POWELL
EDUCATIONAL
COOPERATIVE
HARROGATE, TENNESSEE
37752
(615) 869-3605

These guides serve as the basis for the other two phases of the education component -- home visits and classroom experience. Home Visitors' weekly visits and the activities in the mobile classroom are centered around the activities suggested in the Guides, ensuring some uniformity of approach. It is important to note, however, that these activities generally are used simply as a starting point from which the Home Start staff tailor their approach to suit specific situations.

The "Parent's Guide" and a "Teacher, Aide, and Home Visitor's Guide" are developed for both Home Start and Title II by Helen Skinnell, who was a teacher on one of the Title III mobile vans last year. She receives the scripts for the "Captain Kangaroo" programs four weeks before the scheduled telecast date and spends one week developing her materials. Production takes another week, so the Home Visitors can deliver the "Parent's Guides" at least a week in advance, allowing the parents ample time to obtain necessary supplies. The first of the "Captain Kangaroo" guides were produced for the week of September 18-22.

Parent Guides go a long way toward encouraging mother/child activity throughout the week, not just on the day of the home visit. Nevertheless, there is still a tendency for parents to view the Home Visitors as "teachers" (and sometimes as babysitters). This tendency is strengthened by the fact that the Home Visitors are clearly child-oriented and tend to focus their attention on the child during home visits. The Home Visitors are aware of this problem and are trying conscientiously to encourage parental participation.

## Referrals

The Home Start staff directly provides most of the services in the Education Component. To date, one education referral has occurred -- a mongoloid child (non-focal) was referred to, and accepted by, the Daniel Arthur Rehabilitation Center in Knoxville for special education services -- but the child's father refused to allow him to go.

## Needs Identified in October

The "Family Needs Assessment Sheets" completed by the Home Visitors in October are not at all specific concerning educational needs. For 41 families, the

Home Visitors indicate that the children (generally the Focal Children) have an educational need, but these needs generally are described in broad terms such as "needs basic pre-school experience." In the few cases where a more specific need is described, it relates to the Focal Child's need for additional social contact.

Parental educational needs are also described in a general way. Home Visitors indicate such needs in 21 families and, without exception, the need is that the parent become more involved in the child's educational development.

It appears that each Home Visitor's general objective since home visits began on June 19 has been to establish rapport, both with children and parents. While the Home Visitors may have identified specific educational needs within each family, these needs have not been recorded and there is no evidence of any attempt to measure progress toward meeting those needs.

## Additional Arrangements for Meeting Needs

Referral arrangements have been made with several agencies in the Harrogate Tennessee area; Home Visitors are now in the process of recording the specific needs of families for such services so that referrals can be made in the coming months.

## Objectives - December 1972

Objectives for the education to children and parents provided by Clinch-Powell Home Start include:

| Objective | Resources | Completion Date |
|---|---|---|
| 1. Instruct at least 25 focal parents in the use of the Toy Lending Library. | Director<br>Home Visitors | April 30, 1973 |
| 2. Identify and provide for specific learning needs in all focal children who will be entering first grade in 1973. | Field Supervisor<br>Teacher<br>Home Visitor<br>Parents | June 30, 1973 |
| 3. Provide Home Visitors with additional training in parent involvement. | Outside Consultants<br>Director<br>Field Supervisor | April 1, 1973 |

## 2. Health

### Objectives - Spring 1972

The Home Start proposal contains no specific objectives for the Health Component, and no such objectives had been developed in Spring 1972. At that time, the Home Start Nurse was beginning to make home visits, and her short-range objective was to initiate a detailed health record for each Home Start family. At present, she has developed such records for all but two families.

Two of the overall program goals[1] are health-related, and the following preliminary objectives are being considered at present:

1. To improve a child's present function by:
   - Finding all existing health problems through:
     - accumulating records of past health and immunization status;
     - considering the observations of classroom teachers and other staff;
     - performing screening tests (including tuberculin, hematocrit or hemoglobin, vision testing, hearing testing);
     - interviewing the child and his parents about his current and past health and function; and
     - performing a physical examination as part of a complete health evaluation.
   - Remedying any existing problems through:
     - applying whatever medical or dental treatments are necessary;
     - arranging for rehabilitative services, special education, and other forms of continuing care; and
     - applying mental health principles in the classroom or group.
2. To ensure a child's future health by:
   - Providing preventive services including:
     - immunization against infectious diseases;
     - flouride treatment to prevent tooth decay; and
     - health education for parents and children (including a home health curriculum for parents delivered through Home Visitors and directly at parent meetings).

---

[1] See Page 12 for specific goal statements.

- Assuring that the home provides a safe and stimulating environment.
- Improving the health of all members of the child's family through:
  - evaluating existing health problems in family;
  - calling attention to family health needs; and
  - introducing the family to health care services and to sources of funds for these services.

## Objectives Achieved

It is clear that during the early months of Home Start, health activities have consisted of compiling basic health records and making referrals on an "emergency" basis. The Home Start Nurse also has provided direct service to families, ranging from treating a variety of minor ailments (20 in all) to regularly changing the catheter of the 105-year-old great-grandmother of one Home Start child. In addition, she has discussed family planning with 30 mothers (and one father), referring 22 to Public Health Family Planning Clinics. Seven of these referrals have attended a clinic and become participants. The others have promised to attend.

To date, the vast majority (89%) of Home Start's referrals have been health-related. More than half (56%) of the health referrals have been for immunizations and another 31% have been for treatment of a specific medical (or dental) problem. The remaining health referrals have been for general physical examinations (14) or for hearing exams (2). All health referrals are made through the Home Start Nurse.

The primary recipient of health referrals is the Public Health Department. Of 143 health referrals, 131 were made to local Public Health Clinics. It is indicative of the problems faced by Home Start that of 81 persons referred to the clinics for innoculations, only 33% have kept their appointments. The Home Start Nurse is responsible for follow-up in the case of missed appointments. She follows up until the third appointment is broken. At that time, she generally reduces her efforts rather than antagonize the parents.

It is possible that the lack of transportation is creating a problem for some families, but the ECE Director feels very strongly that Home Start staff should not provide transportation because of the possibility of legal action if there was an accident. He will discuss this matter further with CPEC's Executive Director before making a final decision regarding transportation.

## Needs - Fall 1972

The "Family Needs Assessment Sheets" prepared by the Home Visitors in October indicate that the majority (74%) of Home Start families have very specific health needs. The summary of needs assessments shows the following needs:

### Health

| Problems/Needs | No. of Children |
|---|---|
| Dental Needs | 29 |
| Speech Problems | 8 |
| Immunizations | 7 |
| Vision Problems | 5 |
| Miscellaneous | 1 |
|  | 50 |

| Problems/Needs | No. of Parents |
|---|---|
| Dental Needs | 5 |
| Miscellaneous | 8 |
|  | 13 |

## Additional Arrangements for Meeting Needs

Although the most prominent health need identified by the Home Visitors was dental care, there has been only one dental referral, and it was for emergency dental treatment. Dental services are extremely limited in the area. The Public Health Clinics in both Home Start Counties have fully equipped dental facilities, but there is no one to staff them. The Field Supervisor currently is discussing with Dr. Naff, a dental consultant, the possibility of obtaining free dental services for Home Start children using these facilities with staff to be identified by Dr. Naff. In addition, the ECE Director will investigate the possibility of obtaining some dental services through his U. S. Army Reserve Unit.

The Home Visitors also indicate a need for basic dental hygiene instruction, and the program will develop a plan for the Home Visitors to provide such instruction. The Field Supervisor will investigate possible sources (e.g., toothpaste manufacturers) of instructional materials and hygiene supplies.

While there is general agreement that the primary Health Component objective during the coming months will be to provide Home Start children with physical examinations, no specific procedures for doing so have been established. The physical examinations probably will be performed by the Public Health Service, but no definite arrangements have been made. The Field Supervisor will make the necessary contacts in the very near future, and the Home Start Nurse will create a control sheet[1] which will be used to record progress toward the objective of providing all target children with basic medical tests, physical examinations, and immunizations.

Objectives - December 1972

Specific objectives for the health services to be delivered during the next six months include:

| Objective | Resources | Completion Date |
|---|---|---|
| 1. Provide physical examinations for all focal children; begin immunizations on all focal children. | Private Physician | March 15, 1973 |
| 2. Follow-up on recommendations of physician resulting from physical examinations. | Home Start Nurse<br>others as needed | June 30, 1973 |
| 3. Provide dental examinations and follow up on all focal children. | Private dentists<br>Home Visitors | April 30, 1973 |
| 4. Provide basic first aid course for all Home Start staff. | American Red Cross | June 30, 1973 |
| 5. Provide basic accident prevention instruction to all focal parents. | Home Start Nurse<br>Health Educ. Consultant<br>Home Visitors | July 1, 1973 |

---

[1] Sample health record sheet is on the following page.

# HEALTH PROGRAM CONTROL SHEET

Sheet of Sheets

NAME OF HEAD START CENTER

CLASS

YEAR

*(Use the code indicated at the bottom of the page when completing these columns.)*

| NAME OF CHILD | TESTS | | | | | MEDICAL EVALUATION | DENTAL EVALUATION | IMMUNIZATIONS | | | | FUTURE CARE | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | TUBERCULIN | HEMATOCRIT HEMOGLOBIN | HEARING TEST | VISION TEST | URINALYSIS | | | D. P. T. | POLIO | SMALLPOX | MEASLES | MEDICAL | DENTAL | FUNDS | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

**The following code should be used:**

☐ Space is to be left blank until evaluation or test is performed

R If evaluation or test has been performed and referral for treatment is required enter an R in the first space in the column.

## 3. Social/Psychological

### Objectives - Spring 1972

In Spring 1972, no objectives had been established for the Social/Psychological Services Component of the CPEC Home Start Program. Preliminary contacts with local social service agencies had been made, but no specific coordinating arrangements had been made.

### Objectives Achieved

The Home Start staff is still in the process of identifying the social and psychological services which are available in the area.

The Welfare Departments in both Home Start counties have been contacted. The Director in Campbell County has been particularly responsive, providing brochures describing available services and offering case workers to provide additional information during Home Start in-service training. He also designated a staff member through whom all Home Start referrals should be made. Response in Union County, while cordial, has been less specific, perhaps because the *Acting* Director is unwilling to make definite commitments.

Social and psychological referrals have been fairly limited in number, but the range of agencies approached is indicative of the willingness of the Home Start staff to help their families with any problem. During the program's first few months, the following are some of the social services provided:

- The Home Visitors are helping their families find out more about food stamps if they don't already receive them. The Field Supervisor will help them obtain clarification of eligibility requirements.
- Five families received clothing through the LaFollette Rescue Squad organization and another three families were referred to the Save the Children Federation for clothing.
- The program is attempting to provide social interaction for families directly. Children have the opportunity to play with their peers each week at the mobile classroom. The Home Start parent groups will provide parents with regular social contacts.

- There have been two referrals to the local office of the Employment Service, and in several other cases, the Home Visitors have personally tried to locate jobs for one of their Home Start parents.
- Home Visitors feel that counselling needs cover a wide range of topics -- psychiatric, marriage, financial management -- but none have been addressed adequately.

The Home Start staff has taken the initiative in helping families with numerous other problems. One Home Visitor has contacted the LaFollette Housing Authority in an effort to locate low-cost housing for a fatherless family which is currently living in a trailer park. A decision on her request is pending. In another case, the Campbell County Sanatarian was contacted in an effort to prevent the contents of a "honeydew wagon" (a truck used to drain septic tanks) from being dumped near a Home Start family's water supply. To date, this effort has met with failure.

Needs - Fall 1972

The Home Visitors specified social and psychological needs for 31 families (40% of all families) when they completed the Needs Assessment Sheets in the fall. Several families have more than one need in this area, so a total of 43 specific needs were identified. These needs can be identified generally:

Social/Psychological

| Problems/Needs | No. of Children | Problems/Needs | No. of Parents |
|---|---|---|---|
| Social Interaction | 5 | Clothing | 12 |
| | | Food Stamps | 8 |
| | | Jobs | 7 |
| | | Counselling | 4 |
| | | | 31 |

## Additional Arrangements for Meeting Needs

Other resources have been identified, but no concrete arrangements have been made. A Vocational Rehabilitation representative comes to LaFollette every two weeks. It is possible that he could provide some needed services, but no contact has yet been made. A "satellite" Mental Health Clinic has opened in LaFollette. The Field Supervisor is obtaining additional details, but her understanding is that a psychiatrist is available one day each week and that fees are computed on a sliding scale based on income. Services available through other agencies (such as the Social Security Administration and the local Community Action Agency) have not yet been explored fully.

The need for additional information about agencies and referral procedures is clear. The Home Visitors, in particular, need to be familiar with all available services and the eligibility requirements for each, since their families often come to them for advice. At present, their knowledge is somewhat sketchy -- particularly concerning eligibility for food stamps. The Field Supervisor recognizes this need and will address it in planning future in-service training.

## Objectives - December 1972

For social and psychological services our objectives are:

| Objective | Resources | Completion Date |
|---|---|---|
| 1. Develop and distribute to parents a booklet on all identified support agencies their functions and services and means of contact. | Appropriate Agencies<br>Field Supervisor | May 15, 1973 |
| 2. Identify and refer all Home Start family members needing social and/or psychological services to the appropriate agency. | Field Supervisor<br>Teachers<br>Home Visitors | June 30, 1973 |
| 3. Provide Home Start Staff members in-service on basic counseling techniques. | Outside Consultants | June 30, 1973 |

## 4. Nutrition

### Objectives - Spring 1972

No specific objectives had been established for the Nutrition Component in Spring 1972. The Home Visitors had received no training in the area, and their short-range objective was to become well accepted by their families before they broached the subject of nutrition.

Definition of specific objectives is planned; however, at present, a few preliminary objectives are under consideration for this subject. These goals focus on improving Home Start mothers' abilities to:

- Shop for nutritious food
- Plan, prepare, serve, low cost nutritional meals.
- Comprehend family's nutritional needs.

### Objectives Achieved

Some Campbell County Home Start families are participating in an expanded Nutrition Program operated by the USDA Extension Service. This program consists of home visits by trained paraprofessional Extension Aides. The current opinion of Home Start management is that they should de-emphasize their nutritional services to these families in order to avoid duplication.

To date, services in the Nutrition Component have consisted primarily of collecting recipes for a Home Start Cookbook, which should be completed by the end of October. Each family has been asked to contribute one recipe; the cookbook will be a compilation of all of these recipes plus a few from the Home Start staff. Each recipe will be accompanied by a brief discussion of its nutritional benefits. The Home Visitors have been effective in using this request for a recipe as a very casual entree into a discussion of nutrition.

Despite the fact that most nutritional services will be provided directly by the Home Visitors, there have been a few referrals in this area. Most of these referrals have been made to the Board of Education concerning eligibility for free lunches. A few other families have been referred to the Welfare Department concerning food stamps. Once all Home Start families who are eligible are receiving these two services, the burden of delivering nutritional service may fall almost exclusively to the Home Visitors.

## Needs - Fall 1972

According to the "Family Needs Assessment Sheets" completed in October, the Home Visitors feel that 27 families (35%) have a need in the area of nutrition. Those needs are not stated specifically, and Home Start staff plans to clarify needs in this area.

### Nutrition

| Problems/Needs | No. of Children | Problems/Needs | No. of Parents |
|---|---|---|---|
| None Specified | | Better Food/ Diet Planning | 23 |

## Additional Arrangements for Meeting Needs

The Home Visitors are responsible for delivering services in this component. They will work directly with the families but still have received no training to prepare them for this task.

During the next few weeks, however, the Home Visitors will conduct a pantry check at each of their homes, using a food intake checklist developed by Elizabeth Shuford, the Home Start Teacher who also has responsibility for designing nutritional training. The checklist will be used to determine which families require attention in this area and what aspects of nutrition should be emphasized.

Training to provide such assistance is forthcoming and will be developed primarily by Elizabeth Shuford after evaluating the results of the food intake questionnaire. The Home Demonstration Agent from Union County has also offered her services to assist in training the Home Start staff.

Objectives - December 1972

Objectives for this nutrition component include:

| Objective | Resources | Completion Date |
|---|---|---|
| 1. Provide the Home Start Staff with basic nutrition education. | U. T. Agricultural Extension Service | June 30, 1973 |
| 2. Provide all eligible focal parents with food stamp information. | Public Welfare Dept.<br>Home Visitors | March 30, 1973 |
| 3. Identify and follow up all focal children with iron and protein deficiencies. | Private physician<br>Home Start Nurse<br>Home Visitors | April 30, 1973 |

# APPENDIX A

## CASE STUDY I - SPRING 1972

## SUMMARY

# CPEC HOME START PROGRAM

## TENNESSEE

[The following summary describes the program as it was in May 1972. A complete documentation of the program at that time can be found in Home Start Evaluation Study, Interim Report 1b (case studies).

## SUMMARY - SPRING 1972

The Clinch-Powell Educational Cooperative (CPEC) sponsors a Home Start Program which is concentrated in two rural counties (Campbell and Union) in upper East Tennessee. CPEC also sponsors an Early Childhood Education (ECE) Program funded under Title III of the Elementary and Secondary Education Act (ESEA). Some of the 1971 program year ECE families will be transferred to the Home Start Program, which is designed to serve a total of 80 families. In May, 41 new families had been pre-registered for Home Start, but none had been officially enrolled. Those who were pre-registered, but cannot be served by Home Start, will be absorbed into ECE.

### Staff

CPEC's Director of Early Childhood Education is responsible for the overall design and administration of both Home Start and ECE. The Field Supervisor and the Director will divide their time between the two programs. The Parent Educator and the Field Supervisor will share line management responsibility for the full-time Home Start staff -- four Home Visitors, one mobile van Teacher, one Teacher's Aide, and one Secretary. In addition, one Teacher and one Aide will be assiged half-time to Home Start and half-time to ECE. At present, however, only the positions of Field Supervisor and (two) Home Visitors are filled, and CPEC is having great difficulty locating suitable candidates for the other positions.

### Staff Training

The small Home Start staff has received no training, other than what they received at the National Home Start Conference. The development of pre-service training (as well as a program for continuing in-service training) is the responsibility of the Field Supervisor, who has a similar responsibility for the ECE Project. The ECE Project included one day each week for in-service training for which the staff received college credits. It is anticipated that Home Start and ECE staffs will jointly participate in similar in-service training sessions during the coming year.

### Services

Social services are fairly limited in the area. The principal deliverers of social services are the County Welfare Departments, the County Health Departments, and the local Community Action Agency. Preliminary contacts have been made with all agency directors, but final arrangements for coordinated program efforts have not been made.

### Health

CPEC has a sub-contract with the County Health Department which provides for a Nurse, hired by the Health Department, who is assigned to work full-time with Home Start. The Nurse (RN) has been hired, is making Home Visits, and is creating medical histories on all family members.

### Nutrition/Social-Psychological

Nutritional services will be delivered by the Home Visitors. Plans have been proposed for using the local County Home Demonstration Agents as resources, but specific plans and coordinating arrangements have not been finalized. In addition, only preliminary contacts have been made with the County Welfare Departments, which will be the primary resources in providing psychological and social services.

## Education

The Education Component, based on the three-phased model developed by the Appalachian Educational Laboratory (AEL) and used in the ECE Project last year, will consist of educational television, home visits by a trained paraprofessional and classroom experience in a mobile van. The AEL model utilizes materials (in each of the three components) which have been carefully planned by a team of curriculum experts so that each component will complement the others, including a specially designed series of half-hour television programs. Reception problems in the mountainous Clinch-Powell area have resulted in a decision to use "Sesame Street" (which will be telecast over a more powerful commercial station) instead of the AEL program as the TV phase of both ECE and Home Start's Educational Component during the coming year. Supporting curriculum materials will be developed locally.

## Parent Participation

Parent participation activities have not been initiated because no families have been enrolled.

## Program Goals and Objectives

The overall goals of the Home Start Program, as described in the CPEC proposal, are as follows:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.
- To identify and remedy at as early an age as possible any existing medical, dental, and psychological health problems.
- To insure the child's future health through specific preventive measures and through health and nutrition education of his parents.
- To provide a wide spectrum of educational activities for the children designed to stimulate physical, intellectual, and emotional development to the maximum.

At the present time, the specific approach for achieving these goals is unclear, and quantifiable objectives have not been established. Clearly, however, the current emphasis of the CPEC Home Start Program is on the Education Component because that is the area in which they have the greatest experience.

# APPENDIX B

- Pre-Service Agenda
  - Home Start
  - ECE
- In-Service Training Agenda (Sample)

CLINCH POWELL EDUCATIONAL COOPERATIVE

HOME START

# Pre-Service Agenda

June 13 and June 14, 1972

| | |
|---|---|
| Tuesday: | Introduction to Clinch-Powell Educational Cooperative |
| | Early Childhood Education, Title III, and Home Start |
| | Overview of Child Development;<br>What to expect of Threes, Fours, and Fives |
| Wednesday: | Questions about Home Start |
| | Referrals and Community Resources |
| | What Should I Do If. . .Role Playing Exercises |
| | Forms for Home Start |

CLINCH POWELL EDUCATIONAL COOPERATIVE

EARLY CHILDHOOD EDUCATION

Pre-Service Agenda

August 14 through September 1, 1972

Monday Morning

Introductions: Welcome and Overview of Training - CPEC Staff

"A Look at CPEC" - Slide

Afternoon

Early Childhood Education: Slide Presentation

A Home Oriented Early Childhood Program--What to Expect - Ann Hampton

Tuesday Morning

Definition of Roles - Ann Hampton, Helen Skinnell

Discussion Groups

An Introduction to Child Development - Ann Hampton, Helen Skinnell

Afternoon

How and why to do skin tests

Monday Morning

ECE Regional Workshop, Morristown

Tuesday Morning

Panel on Memphis Workshop

Question and Answer Session on Memphis Workshop

Afternoon

Discussion on Morristown Workshop

Wednesday Morning

Overview of Evaluation

Using the Peabody Picture Vocabulary Test (PPVT)

Afternoon

Observation--Social Behavior Scale and Practice

Thursday Morning

Review of PPVT Tests

Testing and Practicum

Role Playing and Discussion

Afternoon

Behavior Modification

Friday Morning

Professionalism in ECE

Planning Session

Afternoon

Xerox - Science-A Process Approach

Monday Morning

View Tapes of Captain Kangaroo Show with Discussion

Discussion of Home Visitor and Parent Guides

Afternoon

Activities for Home Visitors and Mobile Vans

Experience Charts

Tuesday Morning

Film - "Parents Are Teachers, Too"; Parent Involvement

Discussion Groups on Parent Involvement In A Home-Based Program

Afternoon

Continuation of Morning Discussion

Wednesday Morning

Discussion of Information System - Ann Hampton, Sue Suppiger

Early Childhood Education - What Is It? Bill Locke

Question and Answer Period

### Afternoon

Workshops: Science, Colors, Five Senses, Math

### Thursday Morning

Language Development

Language Workshop: Storytelling, Puppets, Special Language Needs

### Afternoon

Creative Activity Workshops: Cooking Experiences, Art, Home Visitor Activities, Bean Bags

### Friday Morning

Overview of Initial Visitation

Assignment of Case Loads and Tentative Van Stops

Planning - Teachers and Aides, Home Visitors

# CLINCH-POWELL EDUCATIONAL COOPERATIVE

## EARLY CHILDHOOD EDUCATION

## IN-SERVICE AGENDA

September 20, 1972

9:30 a.m. . . . . . . . . . . . . . . . . . . Weekly Materials

Demonstration and Explanation . . Helen Skinnell

10:15 a.m. . . . . . . . . . . . . . . . . . . . . . . . . Break

10:30 a.m. . . .Explanation of Possible Script Revisions

Helen Skinnell

10:45 a.m. . . . . . . . . . . . Scheduling and Case Loads

11:00 a.m. . . . . . . . . . . . . . . . . . What's Happening?

Staff

11:30 a.m. . . . . . . . . . . . . . . . . . . . . . . . . Lunch

1:00 p.m. . . . . . . . . . . . . . . . . . . Complete Records

Home Start Staff

1:00 p.m. . . . . . . . . . . . . . . . . . . . . . . Work on Vans

Title III, Teachers and Aides

. . . . . . . . . . . . . . . . . .Activities Workshop

Title III, Home Visitors

3:00 p.m. . . . . . . . . . . . . . . . . . . . . . . . .Adjourn

HOUSTON HOME START
Houston, Texas

Case Study II Fall 1972

# Project Home Start
Houston, Texas

Principal Author: Bill Walker

# TABLE OF CONTENTS

PAGES

- Preface - Case Study Design i
- IN BRIEF ii

I. Progress Report 1
  A. Impressions - October 1972 1
  B. Program Update 2

II. ADMINISTRATION AND TRAINING 4

III. PARENT PARTICIPATION 6

IV. FAMILY NEEDS AND PROGRAM SERVICES 7
  A. Program Goals and Priorities 7
  B. Assessment of Needs 8
  C. Program Components: Objectives, Services, Needs 12
    1. Education 12
    2. Health 15
    3. Psychological/Social 18
    4. Nutrition 20

APPENDICES

A. Case Study I Summary Spring 1972

# PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study ~~is developed~~ after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations, for the four service components (health, education, nutrition, psychological and social service) were termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

---

[1] See Section IV. An "Assessment of Needs" for detailed description.

## IN BRIEF

## OCTOBER 1972

### GENERAL

| | |
|---|---|
| TYPE OF PROGRAM: | Rural/Urban |
| SPONSORED BY: | Delegates - Housten Head Start<br>Grantee - Harris County Community Action Association |
| ADMISSION CRITERIA: | Head Start Guidelines |
| PROGRAM START-UP DATE: | April, 1972 |
| HOURS OPEN: | 8:30 a.m. - 5:30 p.m. (staff available as needed) |

### FAMILIES

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| ENROLLMENT: | 59 | | 67 | | + 8 | 14% |

### STAFF

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL PAID STAFF: | 11 | | 13 | | + 2 | 18% |
| Full-Time | 11 | 100% | 12 | 92% | + 1 | 9% |
| Part-Time: | 0 | | 1 | 8% | + 1 | infinite |
| TOTAL IN-KIND STAFF: | 0 | | 0 | | - | |
| Full-Time | 0 | | 0 | | - | |
| Part-Time | 0 | | 0 | | - | |
| ETHNICITY OF STAFF: | | | | | | |
| Anglo: | 1 | 9% | 1 | 8% | 0 | - |
| Black: | 7 | 64% | 9 | 69% | + 2 | 29% |
| Chicano: | 3 | 27% | 3 | 23% | 0 | - |
| Indian: | 0 | | 0 | | - | |
| Oriental: | 0 | | 0 | | - | |
| Other: | 0 | | 0 | | - | |
| SEX OF STAFF: | | | | | | |
| Female: | 11 | 100% | 13 | 100% | + 2 | 18% |
| Male: | 0 | | 0 | | - | |

**STAFF POSITIONS:** Program Coordinator, Social Service Coordinators (2 Positions
Home Visitors (8 Positions), Nurse (2 Positions)

**POSITIONS OPEN:** None

## CHILDREN

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL HOME START CHILDREN: | NI | | 79 | | | |
| TOTAL CHILDREN (ELIGIBLE FAMILIES): | | | | | | |
| 0-12 months: | NI | | 11 | 4% | N/A[1] | |
| 13-24 months: | | | 18 | 6% | - | |
| 25-36 months: | | | 14 | 5% | - | |
| 37-48 months: | NI | | 32 | 12% | - | |
| 49-60 months: | | | 39 | 14% | - | |
| 61-72 months: | | | 14 | 5% | - | |
| 6-9 years: | NI[2] | | 64 | 23% | - | |
| 10-13 years: | | | 43 | 15% | - | |
| 14-18 years: | | | 45 | 13% | - | |
| ETHNICITY OF FOCAL CHILDREN:[3] | | | | | | |
| Anglo: | 1 | 2% | 0[4] | | N/A[3] | |
| Black: | 37 | 63% | 53 | 67% | - | |
| Chicano: | 21 | 36% | 24 | 30% | - | |
| Indian: | | | | | - | |
| Oriental: | | | | | - | |
| Other: | | | | | - | |
| SEX OF HOME START CHILDREN: | | | | | | |
| Female: | NI | | 43 | 54% | - | |
| Male: | NI | | 36 | 46% | - | |

---

[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Fall 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start children Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

[4] Ethnicity of 2 focal children unrecorded.

## PARENTS

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL FOCAL PARENTS:[1] | 59 | | 67 | | + 8 | 14% |
| SEX OF FOCAL PARENT: | | | | | | |
| Female: | 59 | 100% | 67 | 100% | + 8 | 14% |
| Male: | 0 | | 0 | | | – |
| Families in which both parents are considered focal parents: | NI | | 0 | | | – |
| EMPLOYMENT OF FOCAL PARENT: | | | | | | |
| Employed:[2] | 13 | 22% | 12 | 18% | – 1 | – 8% |
| Unemployed: | 46 | 78% | 54 | 81% | + 8 | 17% |
| In School or Training: | 0 | | 0 | | | – |
| Unknown: | 0 | | 1 | 1% | + 1 | infinite |
| EMPLOYMENT OF FAMILIES:[3] | | | | | | |
| Employed, Regular: | NI | | 41 | 61% | | – |
| Employed, Part-Time or Seasonal: | NI | | 15 | 22% | | – |
| Unemployed or Unknown: | NI | | 11 | 16% | | – |

ESTIMATED FUNDING:

| | |
|---|---|
| HEW: | $100,000 |
| In-Kind: | 10,030 |
| Total: | $110,030 |

FOR FURTHER INFORMATION,
CONTACT:

Ms. Janetta Guilliam
Executive Director
Houston Home Start
6300 Bowling Green Street
Houston, Texas

---

[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

# I. PROGRESS REPORT

## A. Impressions -- October 1972

In one of the suburbs of Houston, served by Home Start, drainage ditches along the street are flooded, as they have been for years. This time, Home Start parents organized to talk with city officials about the problem. As a result, the ditches have been cut deeper and flooding has been reduced.

* * * * *

A large number of cases of impetigo were found among children of Houston Home Start families as a result of health examinations by the program in the spring. Due to quick and comprehensive planning by the Home Start Director and Nurse, impetigo has been reduced among Home Start children and the rate of children who are reinfected with the disease has also decreased.

* * * * *

"I can see a change in my families in the three months I've been working with them," says a Home Visitor. "They are beginning to keep referral appointments and are doing their own follow-up on problems."

Things have changed since Spring. Home Start does seem to be making an impact on the families enrolled. Being able to see progress has served only to strengthen and increase enthusiasm in an already strong and enthusiastic staff.

## B. Program Update

In Houston's Home Start Program there have been relatively few changes. The program has been growing and developing gradually. Two new Home Visitors have been added, making a total of nine. New families have also been added, making a total of 67 families.

In the Spring, Program Coordinator Janetta Gilliam directed a staff of eleven. Since then, one of the Home Visitors, Linda McGowen, has become an inactive employee due to a serious accident. She has been replaced by a former Home Start mother. She is also from Linda McGowen's case load and neighborhood. "Mrs. Shirley Blackshear has been a great addition to the staff" says Janetta. Other new additions have included: a second nurse, who is bilingual and will help to serve the bilingual families in the program. Two new Home Visitors have been added, one to serve additional bilingual families. The total staff now numbers fourteen (14).

In May 1972, the staff was enthusiastic, energetic, and sensitive to the tasks of implementing a Home Start program. Even though this implementation is well underway, staff are still working hard to see that quality services are being delivered. New additions to the staff have only served to increase their dedication to helping families.

Now that the full staff is on board, they will continue to recruit the remaining families that will bring the program enrollments to eighty (80), ten families for each Home Visitor.

### Families

Houston Home Start's enrollment grew from 59 families in Spring of 1972 to 67 families in October. The program actually served more than 67 families during the first months, but 23 families had left the program by Fall 1972. These terminations were made for an assortment of reasons: eleven families moved from the Home Start area; parents in two families took jobs and became either ineligible (by income) or unavailable for participation; three families became ineligible when the children entered kindergarten or first grade; one family expressed dissatisfaction with the program; five other families were dropped due to their lack of participation; and one family left the program due to a parent's terminal illness. In all, 31 families were recruited to replace terminated families and bring the program's enrollment to 67.

For all 67 families, the focal parents are women; 26 families have a single parent present. Nearly two-thirds of the families in the program have incomes below $4,000. Focal children total 79, with 32 children aged 3 years, 39 aged 4 years, and eight aged 5 years. By ethnicity 53 of the 79 focal children are Black and 24 are Mexican-American.[1]

The Director estimates that 40 children will leave the program in September.

---

[1] Ethnicity of 2 focal children were unrecorded.

## II. ADMINISTRATION AND TRAINING

### Staff Organization

The staff organization remains the same as it was in Spring 1972. The program has a Program Coordinator, two Social Service workers, two nurses and nine Home Visitors. All staff presently report to Janetta, the Program Coordinator. Janetta reports to the Director of Head Start, Mr. A.B. Leonard.

With all her staff working to provide regular home visits, Program Coordinator Janetta Gilliam reviewed the staff structure in the fall to see how rearrangement of responsibilities might help the program operate more efficiently. Janetta's time is currently divided among general program administration, planning, community research, in-service training plans, public relations, and other tasks. "Having an administrative assistant would certainly help us get our plans implemented," she says.

As a former Education Specialist for Head Start, Janetta also provides assistance to Home Visitors in planning appropriate activities for focal children. The addition of an Education Director to the Home Start staff would allow Janetta more time for planning and making decisions concerning the administration of the program.

### Staff Training and Development

In-service training workshops are conducted for all Home Start staff all day every Wednesday. A mid-week session allows staff a brief break from field work while they learn additional skills for working with families.

Part of Wednesday, Home Visitors work together to develop educational activities for home visits. They trade ideas and materials, and often practice activities prior to introducing them to children at home. The latest materials developed by the staff is an educational kit which will allow focal children and siblings to make an assortment of games and toys at home. These games and toys can be made by the children, with assistance of parents, even when the Home Visitor is not present.

## Record-Keeping

Each staff member has to fill out a daily log of their activities. All visits to the families are included in this log, along with incidents which occurred during that visit and the emotional, psychological disposition of the family during the visit. Referral, intake, terminations, applications, Health services records,are all filed in individual folders for each family.

## III. PARENT PARTICIPATION

Formation of parent groups among Home Start families is almost complete. Seven groups are now meeting; each group consists of the families visited, usually in a specific area, by a single Home Visitor. An eighth group is to be formed soon.

To begin their small group meetings, Home Visitors talk with parents about what they would like Home Start to do. In discussions about the goals of the program, each service component is addressed separately by the group. In each group, members select one parent to represent each of the four components. The parent responsible for each component then becomes a liason between parents and the program staff for all questions or changes regarding that service.

The other function of the small group is, of course, to provide a basis for electing parents to the Home Start Parent Policy Committee. The Committee, composed of eight parents, is officially designated to review the Home Start program and help make key decisions about the direction of the program. Two meetings of the Parent Policy Committee (PPC) had been held in mid-Fall; a third was scheduled for early Winter.

The Home Start Parent Policy Committee has a counterpart in Head Start. Communication between parents in both programs is encouraged; members of the Home Start PPC are to be elected to serve on the similar Head Start PPC. Likewise, members of Head Start PPC will serve on the Home Start Parent Policy Committee.

## IV. FAMILY NEEDS AND PROGRAM SERVICES

### A. Program Goals and Priorities

The Houston Home Start objectives can be found in the draft proposal of 1972 submitted by Program Coordinator Janetta Gilliam. This proposal presents the four major goals of Home Start as:

- To develop and coordinate a system of the delivery services to families.
- To involve parents directly in children's everyday learning and development.
- To assist parents in identifying and strengthening their skills, both individually and in groups.
- To develop positive attitudes in the staff in being sensitive to the families and communities.

In Spring 1972, the above listed goals were viewed as a summation of the most critical needs of Home Start's families. These goals were not given any particular priority. At that time it was imperative that the Home Start staff devise an effectivemeans of addressing all the goals simultaneously.

Having reviewed these goals in October, there are clear indications that Home Start has begun to work toward all of these goals, although progress has been steadier in some areas. The staff has observed an increasing amount of parent involvement in children's everyday learning and development. Services are being delivered to families but as needs such as dental and physical examinations are met, more needs develop, and consequently the process is slow. Getting parents to identify and strengthen their individual skills is a nebulous process in which measuring tangible progress is difficult at best. Again, staff members feel they see progress.

## B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference, September 1972 in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the October Program visit by case study staff.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessment sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services and priorities.

In Houston, needs assessment sheets were completed for 64 of the 67 families enrolled in the Fall, 1972. Needs were identified by each Home Visitor for the families she visited. Generally, the Home Visitors described a single critical need for parents and one for children.

Needs assessed as "critical" were most often cited for "preschool experiences" or "increased verbal interaction between child and parent." For parents, the needs most often mentioned were for "financial assistance" and "more involvement with child's activities."

In addition, Home Visitors indicated the relative importance of other needs in each family. Considered less critical, but still important in a significant number of families were improved nutrition for children, general health care for children, and general needs for social and psychological services for parents. With a few exceptions, Home Visitors identified needs which the program could deal with, or for which the program could arrange referrals. A few needs were quite specific: "The most critical need of this family is to have the natural mother at home with the children" (instead of a grandmother). Home Visitors did not indicate what they could or should do about such a need.

The summary of family needs assessments appears on the following page. Although assessments were completed for 64 of the 67 families in the program, the summary should be taken only as a rough indication of needs among families in Houston.

# SUMMARY OF
# FAMILY NEEDS ASSESSMENT SHEETS

## Health

| Problems/Needs | # of Children |
|---|---|
| Medical Treatment | 1 |
| General Improved Health | 1 |
| | 2 |

| Problems/Needs | # of Parents |
|---|---|
| Health Counseling | 4 |
| Medical Treatment | 1 |
| Understanding Sanitation | 1 |
| | 6 |

## Education

| Problems/Needs | # of Children |
|---|---|
| Verbal interaction with Parent or Home Visitor | 10 |
| Pre-School Experience | 22 |
| More Support/Attention from Parent | 6 |
| Improved Attention Span or Cooperation | 2 |
| Discipline | 4 |
| English as Second Language | 2 |
| Special Attention for Learning Development | 1 |
| Have Mother at Home with Children Instead of Relative | 1 |
| | 48 |

| Problems/Needs | # of Parents |
|---|---|
| Become more Involved with Activities for Children | 12 |
| Information about Child Development | 2 |
| English as a Second Language | 2 |
| Vocational Training | 4 |
| | 12 |

## Nutrition

| Problems/Needs | # of Children |
|---|---|
| General Nutrition Improved | 7 |
| Nutritional Supplements | 2 |
| | 9 |

| Problems/Needs | # of Parents |
|---|---|
| Need Additional Food | 2 |

## Social/Psychological

| Problems/Needs | # of Children | Problems/Needs | # of Parents |
|---|---|---|---|
| More Secure, Self Assured | 4 | Financial Assistance | 22 |
| More Social Contact with Other Children | 4 | Improved Housing | 5 |
|  | 8 | Supportive Counseling | 8 |
|  |  | Self Assurance | 2 |
|  |  | Transportation | 2 |
|  |  | General Needs for Social and Psychological Service | 22 |
|  |  |  | 61 |

## C. Program Components: Objectives, Services, Needs

### 1. Education

Objectives - Spring 1972

A broad objective was identified in Spring for Houston's Home Start Education Component:

- To involve parents directly in the child's learning and development. This entails first overcoming the reasons for non-involvement and then interesting parents in learning about the child's development process.

Objectives Achieved

It has become evident to all Home Start staff that the degree of parent involvement in a child's learning process must be a long-term goal, as it depends upon several variables. "If parents are worried about food or shelter, if parents are worried about getting a job or providing good health care, then the time they spend with the child in a learning situation often suffers," said one Home Visitor. Helping parents learn to interact with children in the learning process must often wait until the social services or health staff can identify and help reduce some of the parents' most imeediate needs.

Home Visitors believe they are providing assistance to parents in identifying needs for their families. This must often happen before a social services or health coordinator can arrange referrals or service. Home Visitors are still learning how best to provide such help to parents. In-service training sessions help them learn; however, the majority of training which takes place at Wednesday sessions concerns education for children.

Home Visitors are accustomed to preparing specific activities for the educational needs of the focal children they visit. In addition, two kits have been developed for use in homes.

The first is a collection of materials, including colored paper, crayons, paint, brushes, scissors, pencils, and newsprint. This kit is left in the home for children and parents to use during the week. Although Home Visitors usually focus their visit on one child in particular, they are always concerned with other children in the family. Each materials kit contains additional crayons for sisters or brothers, " so that we don't increase sibling rivalry," said Program Coordinator Janetta Gilliam. Staff feel that leaving the educational kits in homes will facilitate the interaction of parents and children at times other than the weekly home visit. The kits also increase each child's exposure to creative materials.

A second kit is designed simply to supplement the first. In consists of soap, face towel, toothbrush and toothpaste; the kit is designed to reinforce discussions with parents about the needs for physical hygiene.

Needs - Fall 1972

In completing needs assessments for 64 of the 67 families in the program, Home Visitors identified by far the greatest number of needs in the education area. The following general categories appeared to describe educational needs of both parents and children.

| Problems/Needs | # of Children |
|---|---|
| Verbal Interaction with Parent or Home Visitor | 10 |
| Pre-School Experience | 22 |
| More Support/Attention from Parent | 6 |
| Improved Attention Span or Cooperation | 2 |
| Discipline | 4 |
| English as Second Language | 2 |
| Special Attention for Learning Development | 1 |
| Have Mother at Home with Children Instead of Relative | 1 |
|  | 48 |

| Problems/Needs | # of Parents |
|---|---|
| Become more Involved with Activities for Children | 12 |
| Information about Child Development | 2 |
| English as a Second Language | 2 |
| Vocational Training | 4 |
|  | 12 |

The identification of need for preschool education for 22 children appears to reflect the program's emphasis on education during the Fall of 1972. The greatest educational need for parents, "to become more involved with child," reflects the program's overall goals and a specific objective for the Education Component.

## Additional Arrangements for Meeting Needs

Staff are considering several plans for increasing their ability to meet the needs they have identified in education for the program families.

For parents, staff are surveying the community to learn where GED courses and vocational training are available. One focal mother has been enrolled in courses and more would like to. A Home Visitor pointed out that "families want to get off welfare, they want to improve their home environment," and see better education as one way to help them accomplish what they want. Additional in-service training sessions will help Home Visitors learn new ways to involve parents in home visit activities. Home Visitors are increasingly successful in finding activities in which parents can play a major role. Said one Visitor, "My parents are really working with their children. I can see significant change in the amount of parent and child interaction on several levels." Staff want to continue this progress.

Staff will continue to devote each Wednesday to sharing ideas and activities for children. In-service training will provide assistance in developing curricula. On a larger scale, the program staff, and particularly the Program Coordinator, believe the quality of education provided to children and their parents could be improved with the creation of a new staff position: Educational Coordinator. This new staff member would devote full time to developing educational plans and to assisting Home Visitors in planning home visits.

## Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

## 2. Health

### Objectives - Spring 1972

These were the preliminary Health Component objectives in Spring 1972:

- To employ a second full-time bilingual nurse.
- To ensure that each family receives free immunizations and transportation to and from Public Health Service Clinics.
- To ensure that Home Start children receive same health checkup and dental exams as Head Start children. This will be performed by Head Start's doctor and dentist.

These short-range objectives were seen as a means of starting the families on the road to preventive health care. Strengthening the ability of families to use community health resources is one of the ultimate goals of the program.

### Objectives Achieved

Some of these objectives have clearly been met. Mary Collins, a bilingual Puerto Rican nurse, has been with the program for months. Since September, she has established a secure rapport with most of the families she visits. Like Geraldine Moore, the other Home Start Nurse, Mary Collins assesses health needs in families and plans with Home Visitors how to solve health problems.

When health records were established for families during start-up, said Mary, "we noticed that in many families, children suffered with impetigo, a scaly, blotchy skin irritation caused by lack of cleanliness." Maintaining cleanliness is particularly important because the disease is easily communicable. Both Nurses and the Program Coordinator recognize that the reduction of impetigo is a matter of parent education as well as one of medical treatment.

Both Nurses and the Home Visitors are aware that cleanliness for many families is difficult under their present living conditions. Many families do not have running water. The city water department delivers water to them periodically, leaving the water in rusty barrels outside their homes. Some barrels do not have lids. Furthermore, many families must purchase this water supply from the city, making the supply of fresh water another strain on their low incomes.

Staff plan an in-service training session devoted to discussion of causes and cures for impetigo, led by a doctor. Hopefully, this doctor will consent to discuss impetigo and other health concerns at parent group meetings.

Aprpxoimately 70-75% of all focal children and focal parents have received physical and dental examinations. These examinations have been administered by Head Start doctors--Dr. Piersall, a Pediatrician and Dr. Radford, a Pedodontist. The services of Dr. Piersall and Dr. Radford are paid by Home Start, and these services will continue until all examinations of Home Start's focal children and focal parents are completed. Transportation to and from medical facilities are provided by the Home Start staff, usually by the Social Services Coordinator.

The health services staff has been quite successful in providing examinations and treatment to focal children; several referrals have also been made for parents and other family members. The following is a summary of services received during the first six months of the program:

Focal children:

| | |
|---|---|
| General Examinations | 79 |
| Dental Examinations | 78 |
| Laboratory Tests | 79 |
| Immunizations | 25 |
| Medical Treatment | 33 |
| Dental Treatment | 63 |

Parents and other family members:

| | |
|---|---|
| General examinations, vision and lab tests | 7 |
| Medical Treatment | 13 |

Needs - Fall 1972

Few health needs were specified on the needs assessment sheets for Houston Home Start families. Home Visitors, however, have worked with both Home Start Nurses to assess family health needs and have moved beyond the health needs of individual families. Staff, rather, has identified general health needs for all families which they must now address. These needs include:

- Local health clinics in some areas serving Home Start families.
- Provide hearing and vision tests to focal children and other children as funds permit.
- Complete the physical and dental examinations for focal children and parents.

## Additional Arrangements for Meeting Needs

The Home Start program has identified specific arrangements and deadlines for completing in-process health services and for initiating new ones. Dr. Piersall and Dr. Radford are scheduled to complete dental and physical examinations by the end of the year 1972. The University of Houston will begin visual screening for all Home Start children between the ages of 3-5 at the beginning of the year 1973. The University currently is doing this examination for Head Start children and will add Home Start children to its screening schedule.

Several areas of Houston's Harris County have local clinics, but many do not. Even in areas where clinics exist, lack of transportation over long distances may make regular health care difficult to obtain. Many existing clinics are overburdened with the population they now serve; they are, therefore, reluctant to take on additional caseloads. Parents are beginning to talk about health-care in their parent group meetings and are planning to petition the city to establish clinics in areas where there are none.

In-service training for Home Visitors in delivery of health services will continue. Dr. Higgins, Home Start's Medical Consultant, and Jahetta Gilliam have been making arrangements for a physician to speak with the staff during this session sometime in early Winter.

## Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

## 3. Social/Psychological Services

### Objectives - Spring 1972

The objectives identified in May for the Social/Psychological Component were:

- Facilitate self-esteem within parents and children.
- To provide transportation to and from clinics.
- Provide in-service training such that Home Visitors will increase as well as maintain sensitivity to individuals and families in Home Start.

### Objectives Achieved

Houston Home Start staff anticipate that the parent group meetings will become important resources for helping parents identify their strengths and needs. The groups have potential as organizing points through which parents can begin to work for solutions to the problems they identify. This has already happened in one area of Harris County where a number of Home Start parents shared a problem with water ditch drainage. With help from the Home Start staff, parents succeeded in arranging for the drainage problem to be reduced. Staff believe that the ability to solve problems builds self-esteem and will increase parents' motivation to tackle additional problems.

Services for social and psychological needs are reported to have been received by 34 focal children and 77 parents. Most of these were to Welfare offices, legal aid, volunteers of America, and various social services sponsored by the Harris County Community Action Agency.

The Social Services Coordinator Ruth Wyatt and Susan Wagmar who is bilingual, are responsible for making bimonthly family visits, making all referrals, and providing transportation for those referrals if necessary. Each social service worker uses her own car. Houston Home Start has a limited budget for transportation but an enormous service area from which families must be brought for central services.

## Needs - Fall 1972

The needs indicated by Home Visitors for psychological and social services were:

| Problems/Needs | # of Children |
|---|---|
| More Secure, Self Assured | 4 |
| More Social Contact With Other Children | 4 |
| | 8 |

| Problems/Needs | # of Parents |
|---|---|
| Financial Assistance | 22 |
| Improved Housing | 5 |
| Supportive Counseling | 8 |
| Self Assurance | 2 |
| Transportation | 2 |
| General Needs for Social and Psychological Service | 22 |
| | 61 |

## Additional Arrangements for Meeting Needs

Not all needs identified in this area can be met individually, or at the same level of program operation. The Program Coordinator is essentially responsible for arranging to solve transportation problems. Many needs will be met in small groups and individually through Home Visits over a relatively long period of time.

Supportive counseling, for example, can be arranged for families with agencies outside of the Harris County Community Action Agency, but most Home Visitors see each home visit as an opportunity to provide low-key supportive counseling which they believe is less threatening than formal counseling situations. The staff's own sensitivity, the knowing when to listen and how to adivse, is important; they hope to improve and continue it. They are still learning how best to provide parents with the kind and amount of support they need.

## Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

## 4. Nutrition

### Objectives - Spring 1972

The objectives identified for the Nutrition Component in Spring were:

- Make parents more aware of the need for nutritionally balanced meals.
- Improve nutritional balance without altering traditional eating patterns among families.

### Objectives Achieved

Since Spring Home Visitors have spoken to parents during home visits about improving nutrition. Suggestions have focused on adding nutritionally valuable foods, such as salads and green vegetables ,as supplements to traditional diets. Home Visitors report that many parents are responding to this approach.

Twenty families have been enrolled in the local food stamp program since Home Start began. Enrollment in food stamps is virtually the only way to increase a family's food supply as surplus commodity foods are not available in Harris County at the present time.

Nutrition, Home Visitors believe, is not an easy subject to discuss with parents, nor is it an easy matter to change for many families. Home Visitors receive some assistance from the Head Start Nutritionist in planning meals and recommending specific dietary supplements.

### Needs - Fall 1972

| Problems/Needs | # of Children | Problems/Needs | # of Parents |
|---|---|---|---|
| General need for improved nutrition | 9 | Need additional food or money to buy food | 2 |

Nutritional needs as stated on assessment sheets are not described as critical needs, although it is likely that more families need supplementary food or improvements in nutrition than are noted above.

### Arrangements for Meeting Needs

As nutritional needs are gradually recognized by Home Start staff, the approach to trying to improve nutrition will not change appreciably. The two-week in-service training session tentatively scheduled for December will include nutritional assessment and improvement.

## Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

# APPENDIX A

Summary
Case Study I
Spring 1972

# HOUSTON HOME START PROGRAM

# TEXAS

## CASE STUDY I -- SPRING 1972

The following summary describes the program as it was in Spring 1972. A complete documentation of the program at that time can be found in Home Start Evaluation Study, Interim Report la (case studies).

## I. SUMMARY

The Houston Home Start Program is a rural/urban Program with approximately 70% of the families living in the outlying districts of downtown Houston. The Central Home Start Office is located in the Harris County Community Action Association (HCCAA), at 6300 Bowling Green Street. Home Start offices are located in a large complex which also houses several other social services agencies, including Head Start. HCCAA is the Grantee for Home Start and Head Start is the Delegate Agency.

### Staff

Presently the Home Start staff consists of 11 women; three Mexican-Americans, one Anglo, and seven Blacks. The majority of the families being served are Black.

### Services

In order to deliver services in the areas of health, nutrition, psychological and social services and education, Houston Home Start is fostering useful relationships with other social service agencies in the area.

### Health

Home Start families are referred to the Harris County Health Department, to the Psychologist, Social Worker, and Nutritionist who are Head Start staff members, and to local doctors and dentists who have volunteered their services and are paid by Home Start.

### Education

Home Visitors will be making bi-weekly home visits to their assigned families in order to talk with parents and discover what the concerns of the family are.

Each meeting is structured in order to encourage the parents to increase their involvement with the child and the activities the Home Visitor introduces. Home Start Home Visitors attempt to increase the development of the child by increasing understanding and interaction between the child and the mother.

## Parent Participation

Group meetings have also been scheduled in order to bring groups of parents together with the Home Visitors. Parents from 10 families come together to discuss their interests and the objectives they have set for themselves, their children, and the Program. In addition, the group meetings provide a valuable source of information for the Home Visitor. She is then able to ascertain the specific kinds of activities that would be most effective for each individual family.

## Staff Training

In-service training will provide the staff with the technical skills they need to meet parents' and children's needs while increasing their own sensitivity to the community. The training will be provided by professionals on the Head Start staff.

## Psychological/Social Services

The Social Service Coordinators will be responsible for making referrals and providing transportation. The ultimate goal will be to have families make positive use of community resources available.

## Nutrition

Home Start staff will attempt to introduce the concept of nutritionally balanced meals without altering traditional eating patterns. In-Service training will be provided to Home Start staff by Head Starts' Nutritionist.

# APPENDIX B

## Program Goal Statements

# HOUSTON-HOME START PROGRAM

## PROGRAM OBJECTIVES

### SOCIAL AND PSYCHOLOGICAL SERVICES

PROGRAM OBJECTIVES:

The Parents enrolled in Home Start will:

- Will be knowledgable of community resources and/or agencies and their functions. Examples: Public Welfare agencies, Child Guidance, Family Service, Texas Research Institute of Mental Science and Texas Employment Commission.
- Eighty (80) families will be provided with supportive counselling on an individual or group basis by the Social Service Coordinator, in the following ways:
    1. Parent-Child problems
    2. Family Relationships
- Groups of parents (10) will be served through periodic workshops, lectures and discussion groups lead by the Head Start psychologist.
- Bi-monthly visits made by the Social Service Coordinator to discuss any social needs of the families.
- Receive assistance from the Social Service Coordinator in the following:
    1. Transportation (because of the distance to the various community agencies).
- Receive assistance by the Social Service Coordinator in securing Federal Assistance for their families and interpret the agencies guidlines for assistance.
- Receive assistance from the Social Service Coordinator in securing food, clothing and housing.

- Receive assistance from the Social Service Coordinator in securing psychological examinations and testings (cost free) through the Harris County Center for the Retarded.

## EDUCATION COMPONENT

## PROGRAM OBJECTIVES:

### INTELLECTUAL GROWTH

#### Language

Through Dramatic Play 249 focal children and siblings in 80 families will:

- Learn to construct his (emotions) in fair play, taking turns, mannerism and identify self and others in role-playing.
- Learn to compare, cooperate and work with parents/teacher in activity skills.
  1. recite
  2. say or read orally short poems
  3. fingerplays
  4. problem solving
  5. vocabulary comprehension
  6. recall important details in a story
  7. speak clearly and distinctly for his age group
- Learn comparsion in proper usage of oral language skills:
  1. Talking
  2. Telling and interpretation of his own story.
  3. Story sequence
  4. Saying their names ( 5 yrs olds)
  5. Learn and recognize simple words

| | | |
|---|---|---|
| I | stop | play |
| you | come | |
| me | eat | |
| go | sit | |

  6. Use home made flannel boards and story books picture to tell a story.

  7. Learn and sing approximately

| | |
|---|---|
| 5 to 6 songs | 3 year olds |
| 5 to 15 songs | 4 year olds |
| 20 to 25 songs | 5 year olds |

## INTELLECTUAL GROWTH

Through creative home made materials, home visitors and parents will utilize:

### Number Awareness and Recognition

The Three Year Olds will

- Count to 5 (English and Spanish)
- Recognize numbers 1,2,3
- Know colors
  red, yellow, blue (Spanish and English)

The Four Year Olds will

- Count to 5 and more (English and Spanish)
- Recognize numerals 1-7
- Know colors
  red, yellow, blue, black (English and Spanish)

The Five Year Olds will

- Count to 10 (English and Spanish)
- Recognize (know) numeral 1-10
- Know and compare colors
  red,yellow,blue,orange,green,brown,and black (English and Spanish)

Children and Parents will

- Increase learning time 5%
- Grow in listening and expanding their time of teaching and learning these concepts 10%.

## INTELLECTUAL GROWTH

### Science

The environment of these 249 children is limited in many kinds of experiences and study media. Home Visitors train the parent in the home taking with them a variety of materials they have collected and plan units for problem-solving situations and collect things found in the community. Through the teaching and observation of the parent, the child -

- learns the five senses
- learns shapes of ( squares, round figures, triangular)
- learns color ( green grass, blus sky, white house)
- will learn weather changes ( cold, hot, sunny, warm)
- how to grow a plant and watch it grow
- learns the many uses of water and how it keeps the body healthy

### Social Studies

Through parent and community resources surrounding these communities, the child will have direct contact with

- the doctor
- home visitor
- social service coordinator
- the fireman
- the polieceman

## SOCIAL GROWTH

### Physical Development - Building Body Image

Gross motor activities will identify strengths and weaknesses through Exploration of BODY movements. These activities teach direction, vocabulary, listening skills, and all of the necessary prerequisites for total growth **in young** children.

Home visitor trains the parents in the home to develop and utilize these skills through concrete foundations. These foundations will allow the child to grow and mature in the right direction.

These 249 children (focal and siblings) will-

- learn to explore, manipulate and discover through directive learning experiences in-
  - basic motor patterns
  - spatial awareness
  - body image
  - sensory integration ( all essential to his future living and learning)

The child will -

- identify abstract - symbols in

(letters
a-g (3) three year olds
a-p (4) four year olds
a-z (5) five year olds

(numbers
0-1; 0- 5 (3) three year olds
0-8 (4) four year olds
0-10 (5) five year olds

(capitals
A, B, C, D, E, F, G, H, I, J, K, L
M, N, O, P, QU, R, S, T, U, V, W, X,
Y, Z ( five year olds)
A- S ( four year olds)
A- F ( three year olds)

( signs and figures
Stop sign, go signal, caution (three yrs)
Stop, Go, Slow, Curve, Caution (Four yrs.)
Stop, Slow, Go, Wait, Curve, Slip (five)

## LOCOMOTOR SKILLS GROSS MOTOR

Child and Parent will do these activities together. The child (3 years old) will:

- Walk a straight line 12" long
- Jump one time
- Run a short distance about 6 to 8 feet

The four and five year old children will perform these task with the parent as teacher:

The child will:

- Walk
- Run
- Jump
- Skip using one foot; two feet
- Learn two (2) shapes, four (4) colors and four (4) senses in doing this activity
- Climb a tree (some 4's and 5"s)
- Jump rope (4's and 5's)

## FINE MOTOR SKILLS - ART MEDIA

The parent will teach the kchild creative skills in art and teach the child how to tie his shoe, button his clothes, zip a zipper and cut paper through training by parent.

The child will:

- Use his ten (10) fingers and create a picture
- Paint a picture using the fine muscles in his hand
- Tie his shoe (some 4's and 5's )
- Button his shirt (5's)

## SOCIAL GROWTH (con't)

- Zip his pants (5's and mature 4's)
- Hold a crayon (5's and some 4's)
- Cut paper (5's)

Through art media activities visual training takes place.

The child will:

- Move his eyes from left to right
- Learn to recognize symbols - letter in his name
- Talk and paint his thoughts
- Learn the colors of paint he is using (those he choose to use).
- Develop arm muscles (stroke painting)
- Discriminate four (4) shapes
- Use his five (5) senses
- Use his own words (vocabulary which will increase about)

| | | |
|---|---|---|
| 1. | 25 words | 3 year olds |
| 2. | 55 words | 4 year olds |
| 3. | 100 words | 5 year old |

## CREATIVE EXPRESSION

Home Visitor trains and teaches parents:

Through Art activities, organization, play and music (rhythm) parents teaches theirn children creative expression.

The child develops and learn

- Direct ways to talk and be heard
- Experiment and try new materials and projects such as:
    1. planting seeds and watching them grow.
    2. recognize a cloud (rain)
    3. the sun gives heat (light)
    4. animals
        birds
        dogs - cats
    5. moon (dark)
    6. different sizes of rocks
       heights- siblings, mother, father
       brother/sister - tall-short

Children play and discover things around them. Parent initiate this learning through observation and one to one contact with the child.

The child become curious and inquisitive. He learns:

- Short verses and rhymes
- Short story and his own intrepretation of story
- How to tell a story
- To use musical instrument and make sounds with them
- Different shapes and kinds of instruments
  Drums and sticks
- To clap rhythm

  1; 1-2; 1
- Stomp one foot and stomp his feet

## HEALTH SERVICES

### PROGRAM OBJECTIVES:

Through the Home Start program, health services for eighty (80) families will be provided, currently these services is being provided for seventy-three (73) families of which twenty-six (26) are Mexician-Americian and fourty-seven (47) are Black.

- Indentify necessary procedures and determined strategies with parents to petition city for additional health clinics.

- The Home Start program will give eighty (80) parents special training in the proper care of the body in small groups of ten (10) in their own communities.

- Home Start will provide in-service training and workshops in First Aid care in the home conducted by the Home Start nurses.

- Medical services will be provided for one hundred and thrity-two focal children (ages 3 to 5 years) through:

    1. Physical examinations (yearly)
    2. Accurate records of immunizations
    3. Visual examinations (yearly)

- Parents will underline the importance of regular dental services for their children (twice a year). Parents will help their children know the importance of home care with the teeth.

- Parents will help their children form good safety habits through:

    1. Setting firm rules for themselves and their children.

    2. Keeping dangerous objects and drugs from their children's reach.

- Through community resources (health advocates- public health nurses and health consultants) will give literature (Spanish and English) to parents showing preventive measures:

  1. Pre and Post Natal Care for Infants
  2. Communciable Diseases
  3. Drug Abuse Problems
  4. Alcoholism
  5. Safety Habits in the Home
  6. Nutrition

- Visual services will be provided for all Home Start children (3-5 years). The local opthalmologist or the Texas State Commission for the Blind will provide services on abnormal findings such as:

  1. Strahissnus
  2. Glaucoma
  3. Injured cornea, etc.

- Audometric examinations will be provided through the Harris County Speech and Hearing Center for those children with speech and hearing problems.

NUTRITION SERVICES

PROGRAM OBJECTIVES:

Parents enrolled in the Home Start program will be involved:

- Group sessions (workshops and in-service training) conducted by the Head Start Nutritionist, as well as other resource personnel, (expanded Nutritional Program) will increase skills in food preparation, planning and buying on a cost free basis.

- Individual attention will be given to special family needs that cannot be handle on a group basis.

- The Dairy and Rice Council (Home Economist) will be utilized to give literature on nutritional value of foods, insuring a balanced diet.

- Parents will construct a learning enivornment for children during mealtime, thus creating more parent-child interaction in the following:

    1. Conversation about the texture, color, taste and smell of foods.

    2. Conversation at mealtime between parent and child increasing verbal interaction.

- Money management and consumer education tips or hints in selcting the prices of food.

- Free and inexpensive recipes compiled (Spanish and English) will be given to each family.

- Home Start parents will be on the mailing list of the USDA Smart Shopper's Series receiving regular information on nutrition.

# PARENT INVOLVEMENT PROGRAM

PROGRAM OBJECTIVES:

The Parents enrolled in the Home Start program will:

- Participate in decision making within Home Start guidlines and guidelines established by OCD Head Start program regulation (70.2).

- Work closely with the Home Start staff to carry out the daily Home Start activities, and activities outside of the home, (e.g. group activities, clinc visit, social occasion, and fieldtrips).

- Participate in planned parent development program and project. Projects will involve:

    1. Craft and hobby clubs
    2. Parent Sewing groups
    3. City tours or excursions
    4. Panel discussions about community problems

- Plan formal educational activities on:

    1. Child growth and development and behavior .
    2. Consumer education
    3. Home furnishing and finance
    4. Parent as an educator
    5. Family planning
    6. Use of community resources
    7. Legal counselling

- Meeting once a month in their own communities. One parent representative will be elected to serve on the Home Start Policy Committee.

- Will utilize their special skills in various areas to enhance their roles as parent educators.

TEXAS MIGRANT COUNCIL HOME START
Weslaco, Texas

# Case Study II Fall 1972

## Project Home Start
Weslaco, Texas

Principal Author: Al Gurule

# TABLE OF CONTENTS

PAGES

- Preface - Case Study Design i
- IN BRIEF ii

I. Progress Report 1
    A. Impressions - October 1972 1
    B. Program Update 3
II. ADMINISTRATION AND TRAINING 5
III. PARENT PARTICIPATION 7
IV. FAMILY NEEDS AND PROGRAM SERVICES 9
    A. Program Goals and Priorities 9
    B. Assessment of Needs 11
    C. Program Components: Objectives, Services, Needs 14
        1. Education 14
        2. Health 19
        3. Psychological/Social 22
        4. Nutrition 25

APPENDICES

A. Case Study I Summary Spring 1972

# PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study is developed after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations, for the four service components (health, education, nutrition, psychological and social service) were termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

---

[1] See Section IV. An "Assessment of Needs" for detailed description.

## IN BRIEF

## OCTOBER 1972

### GENERAL

| | |
|---|---|
| TYPE OF PROGRAM: | Rural Migrant |
| SPONSORED BY: | Grantee - Texas Migrant Council |
| ADMISSION CRITERIA: | Head Start Guidelines |
| PROGRAM START-UP DATE: | April 1972 |
| HOURS OPEN: | 8:30 - 5:30 Monday - Thursday<br>8:00 - 5:00 Fridays |

### FAMILIES

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| ENROLLMENT: | 80 | | 53 | | -27 | 34% |

### STAFF

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL PAID STAFF: | 12 | | 12 | | 0 | - |
| Full-Time | 12 | 100% | 12 | 100% | 0 | - |
| Part-Time: | 0 | | 0 | | - | |
| TOTAL IN-KIND STAFF: | 2 | | 2 | | 0 | - |
| Full-Time | 0 | | 0 | | - | |
| Part-Time | 2 | | 2 | | 0 | - |
| ETHNICITY OF STAFF: | | | | | | |
| Anglo: | 0 | | 0 | | - | |
| Black: | 0 | | 0 | | - | |
| Chicano: | 12 | 100% | 12 | 100% | 0 | - |
| Indian: | 0 | | 0 | | - | |
| Oriental: | 0 | | 0 | | - | |
| Other: | 0 | | 0 | | - | |
| SEX OF STAFF: | | | | | | |
| Female: | 12 | 100% | 12 | 100% | 0 | - |
| Male: | 0 | | 0 | | - | |

STAFF POSITIONS: Home Start Supervisor, (In-Kind) Trainer - Coordinator, Home Visitor (10), Secretary, Director (In-Kind)

POSITIONS OPEN: None

## CHILDREN

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL HOME START CHILDREN: | 120 | | 68 | | -52 | 43% |
| TOTAL CHILDREN (ELIGIBLE FAMILIES): | | | | | | |
| 0-12 months: | 25 | 10% | 12 | 5% | N/A[1] | |
| 13-24 months: | | | 22 | 9% | - | |
| 25-36 months: | | | 22 | 9% | - | |
| 37-48 months: | 119 | 48% | 34 | 14% | - | |
| 49-60 months: | | | 17 | 7% | - | |
| 61-72 months: | | | 17 | 7% | - | |
| 6-9 years: | 105 | 42% | 61 | 25% | - | |
| 10-13 years: | | | 38 | 16% | - | |
| 14-18 years: | | | 21 | 9% | - | |
| ETHNICITY OF FOCAL CHILDREN:[3] | | | | | | |
| Anglo: | 0 | | 0 | | N/A[3] | |
| Black: | 0 | | 0 | | - | |
| Chicano: | 80 | 100% | 68 | 100% | - | |
| Indian: | 0 | | 0 | | - | |
| Oriental: | 0 | | 0 | | - | |
| Other: | 0 | | 0 | | - | |
| SEX OF HOME START CHILDREN: | | | | | | |
| Female: | NI | | 30 | 44% | - | |
| Male: | NI | | 38 | 56% | - | |

---

[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Fall 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start childre Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

## PARENTS

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL FOCAL PARENTS:[1] | NI | | 53 | | – | |
| SEX OF FOCAL PARENT: | | | | | | |
| Female: | NI | | 53 | 100% | – | |
| Male: | NI | | 0 | | – | |
| Families in which both parents are considered focal parents: | NI | | NI | | – | |
| EMPLOYMENT OF FOCAL PARENT: | | | | | | |
| Employed:[2] | NI | | NI | | – | |
| Unemployed: | NI | | NI | | – | |
| In School or Training: | NI | | NI | | – | |
| Unknown: | NI | | NI | | – | |
| EMPLOYMENT OF FAMILIES:[3] | | | | | | |
| Employed, Regular: | NI | | 0 | | – | |
| Employed, Part-Time or Seasonal: | NI | | 53 | | – | |
| Unemployed or Unknown: | NI | | 0 | | – | |

ESTIMATED FUNDING:

| | |
|---|---|
| HEW: | $100,000 |
| In-Kind: | 0 |
| Total: | $100,000 |

FOR FURTHER INFORMATION,
CONTACT:

Estela Aguilar
Home Start Trainer - Coordinator
Texas Migrant Council
Route 1, Box 454
Waslaco, Texas 78596

---

[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

# I. PROGRESS REPORT

## A. Impressions

The lower Rio Grande Valley is green and paradise-like; acres of farm land are filled with palm trees, citrus orchards, and other vegetables and fruits. This fertile land, rich in food crops and flowers, gives the impression that poverty and hunger could not exist here. But within the apparent land of plenty live a large number of Chicano families who work the land and yet remain its poorest inhabitants. Although Chicano people are the source of much cheap labor, the fruits and vegetables of this valley are out of reach for them and their families. Landowners and growers forbid workers from taking fruit and vegetables for their families. An individual caught taking even an orange from a tree is subject to a $25.00 fine for every orange taken. Much of the Southwest rural area is still sharply divided between the Anglo patron who owns the land, and the Chicanos, the peon who works the land for low wages.

Communities, too, are divided. The more prosperous, well-developed areas with paved roads and good housing are largely inhabited by Anglos; the barrio, an undeveloped area with dirt roads and poor housing, is home for the Chicano families.

* * *

Home Start and Head Start, both sponsored by the Texas Migrant Council, share the same building in Weslaco, located in the southernmost tip of Texas. Of the three upstairs rooms occupied by Home Start, Home Visitors use the largest; black wooden student desks hold their papers and some materials for home visit activities. A second room is used for conferences and supply storage. The smallest room is an office for Trainer - Coordinator Estela Aguilar.

The atmosphere in these offices is informal; Home Visitors walk in and out of the Trainer Coordinator's office, asking questions, comparing notes about community resources, family problems and lesson plans.

The week was to be a busy one. The program was beginning a new eight-month year, and the Home Visitors were planning for recruitment of new families. Job-related training sessions were also planned for the week.

The Home Visitors seemed dedicated, sincere and excited as they set off on visits to their families. As they left, Estela Aguilar reminded them of upcoming training sessions and asked them to remind parents about the Friday night Parent Council meeting.

## B. Program Update

During the program's two-month period of operation in late Spring 1972, a staff of 16 Home Visitors and one Trainer-Coordinator were hired and trained, and 80 families were recruited.

In October, 1972, the Texas Migrant Council's Home Start Program had been operating about four weeks since the summer had ended and migrant families had begun to return from summer work camps in the North. Last Spring, beginning i early May, migrant families left their homes in Texas to travel to their customary work for produce growers in several northern states. Although the Home Start program had just begun last April and only two home visits had been made to newly recruited families, when families moved, Home Start changed in order to continue serving the children of the region.

Home Start officially closed during the summer, but many Home Visitors followe the families north, establishing summer Head Start programs in migrant camps where families live. This combination of Home Start and summer Head Start is planned to continue. In Spring, when families return to Texas, Home Start resumes. Although Head Start is available year round to some communities in the Lower Rio Grande Valley, Home Start remains an alternative program for families who live in particularly small or isolated communities.

After a summer as Head Start teachers in northern migrant camps, some Home Visitors returned to reopen the Home Start program. The program reopened in Fall 1972 with 11 Home Visitors, a Trainer-Coordinator, one Director (In-Kind). Official Home Start Director Oscar Villareal is Executive Director of the Texas Migrant Council and is located at the Texas Migrant Council in Laredo, 200 miles away. Onesimo Castillo, Supervisor for Head Start and Home Start, is based in the Laredo Head Start/Home Start office. He regularly travels throughout the Rio Grande Valley to meet directly with Head Start staff in several centers.

## Staff

While the Home Start program was officially closed, six Home Visitors decided to remain in Head Start. According to Trainer - Coordinator Estela Aguilar, most of the women left their positions because they felt that the Home Visitor's job was too demanding.

One former Home Visitor did not return because she was hired for a job she preferred in Head Start. Another worked only three days because the job took so much time. Many aspects of the Home Visitor's job are demanding. As. Ms. Aquilar pointed out, migrant families have an almost overwhelming variety of needs. Distances between locations where families are clustered are great, and in even slightly wet weather, the dirt roads are slow, hard traveling. Home Visitors have lost shoes, often been stalled, trying to get out of muddy roads. It is likely that poor road conditions and distances between families helped to discourage some original Home Visitors. Ms. Aguilar is recruiting individuals to fill the six vacant positions. All the Home Visitors are female and of Chicano background. Many were intentionally hired from the communities where recruitment of families was planned.

## Families

Of the 80 families recruited for the program's beginning in Spring 1972, many did not return to the same locations to participate in Home Start in fall. After the program resumed in September 1972, Home Visitors recruited 49 families. Some of these had been contacted, but not enrolled, before they went north for the summer.

Of 53 families currently enrolled in the program, all are seasonally employed. Some 31 families have yearly incomes under $2,000; 15 families earn under $4,000. Income levels for several families are unknown.

Among the Home Start families nearly 21 families are participating in the federal Surplus Commodity program. There are four families with children participating in Head Start or other preschool programs. Only eight families are enrolled in federal Aid for Dependent Children

There are 68 focal children in the program; 34 are three years old, 17 are four years old, and 17 and five years old.

## II. ADMINISTRATION AND TRAINING

### Planning and Organization

The Home Start Program is administered primarily by Estella Aguilar. She meets occasionally with Head Start/Home Start Supervisor Onesimo Castillo to review program operations.

Estella is responsible to Mr. Castillo and to Oscar Villareal, Executive Director of the Texas Migrant Council for budget matters and staff hiring confirmation. Texas Migrant Council offices keep financial records for the Home Start program, although direct responsibility for handling the program budget is Estella's.

As Coordinator, Estella has developed the administrative structure for the program. Home Visitors meet weekly and privately with her to discuss special problems, successes and future plans for specific families. General staff meetings are also held regularly where Home Visitors have the opportunit to share ideas, activity plans, and uses for community resources.

The overall lesson plans are tightly structured by the Home Visitors and the Trainer-Coordinator. Implementation of the lesson plans is flexible within the limitation set up by the educational goals of the Home Start Program.

The Texas Migrant Home Start Program officially operates on a five-day week, from 8:30 a.m. to 5:30 p.m. Unofficially, the Home Visitors work at night and on weekends, or whenever necessary. If a crisis arises in one of the families being served by the program, a Home Visitor will generally be available to assist the family in solving their problems. Aside from working additional hours, the Home Visitors also attend community meetings dealing with the social problems that directly affect their families.

## Record-Keeping

Also as part of her Coordinator responsibilities, Estella has developed a record system for Home Visitors which is termed "process recording". Each Home Visitor has a form on which she records the activities and impressions of each home visit.

"Process records" are used by Estella in conferences with Home Visitors. Through the use of these records, Estella feels, Home Visitors improve their abilities to plan activities and identify what they believe the activity should do for parents and children. The records are also helping Home Visitors learn to observe parents and children working together so that they can be more aware of progress or additional needs in the families they visit.

## Staff Training and Development

Home Visitors participated in intensive training during the first two months of the program in the Spring. Since the program has resumed, training has become a regular part of the Home Start week. Training is often held on Friday with Home Visitors, the Trainer-Coordinator, and often an outside resource person participating. What subjects have they been dealing with? Do the Home Visitors have specific things they feel they should know more about?

Training has been provided in:

Education: For the pre-school child and child psychology; music; and home-made educational toys.

Health: Introduction to agencies and services available.

Nutrition: Four basic food groups; food falacies; accidents; consumer education.

## III. PARENT PARTICIPATION

Involving parents in educational activities with their children is an important concern to all Home Visitors. Their Staff Training sessions often include discussions of ways to help parents participate more fully in Home Start.

Parent groups from Home Start families had been organized in late Fall 1972 but no meetings had yet been held. All parents enrolled in Home Start will be members of the Parent Advisory Council. They will elect a chairman, vice chairman, treasurer, and a secretary. Parents will meet to advise Home Start staff of needs, home visits, and problems in the area. Fund raising projects also are to be carried out by the Parent Advisory Council. The Chairman of the Council will represent the Home Start Program as an advisory to the Board of the Texas Migrant Council.

The parent meetings will consist of learning events, such as a demonstration lesson from the Southwest Curriculum which involves a method in which the mother can teach her child while she continues to do her housework. Representatives from community resources will be invited to speak to the group. Parents also will participate in an orientation session on how to conduct meetings. The group meetings are designed to help the parent socialize with individuals from different areas and to become more aware of the role of the Home Visitors, community problems, and successes.

TEXAS MIGRANT COUNCIL
HOME START

Daily Report

e of Family ______________________ Date ______________________

e of Child ______________________ Home Visitor ______________________

ivity ______________________

ective ______________________

erials

______________ : ______________ : ______________

______________ : ______________ : ______________

cedure

ULT:

## IV. FAMILY NEEDS AND PROGRAM SERVICES

### A. Program Goals and Priorities

The goals outlined for the Texas Migrant Council Home Start program in June 1972 were specifically designed for Fall program operation. The general goals are:

- To recruit 80 migrant families most in need of service.
- To see that each family has an adequate supply of food.
- To see that major health problems are cared for.
- To assess the individual needs of each family and work with them in determining their own goals.

Long-range goals include:

- To preserve the culture, language, pride and human dignity of migrant families as Chicanos.
- To provide parents with the information and tools they need to become better educators of their children.
- To help parents become aware of and involved in ways of changing their own conditions (including involvement in the PAC).
- To help children get ready to enter the Anglo schools.
- To help parents prepare for better jobs.

### Priorities

Based on Needs Assessment sheets completed for 40 families in the program. priorities for parents and children would appear to be:

#### For Children

1. Education
2. Health
3. Nutrition
4. Psychological/Social Services

For Adults

1. Education
2. Health
3. Psychological/Social Services
4. Nutrition

Program staff felt that it was very difficult to fit the needs of families into the Needs Assessment sheets and that consequently the summary of family needs is somewhat misleading. Individual and group discussions with the Home Visitors indicated that the needs of parents and children were generally related to meeting basic needs of food, shelter and medical care. Early childhood education alone was not verbalized as a priority during the discussions, because Home Visitors view all their activities with families as "learning experiences" and therefore educational.

So the focus of the TMC Home Start program is on education in health, nutrition, and social areas. Home Visitors report 50% of their time spent on "educational activities" and the rest spent on record keeping, staff planning, and staff training.

## B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference September 1972 in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the fall program visit by case study staff.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessments sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services, and priorities.

On needs assessments sheets, education in general was ranked as the most critical need for migrant families, although a discussion about needs identified by the Home Visitors revealed that jobs, poor housing and inadequate diets ranked among the most critical problems of families.

One indicator of the family needs being met by the program is the number and type of referrals made by Home Visitors. Referrals reflect the following pattern:

| Services | # of Referrals |
|---|---|
| To the Public Health Clinic and private physicians | 17 |
| For food, food stamp office and emergency food from CAP Agency | 9 |
| For Adult Education and Training | 5 |
| To Legal Aid office | 3 |

According to the Home Visitors, even the referral record does not accurately portray the severity of many family needs. Home Visitors note that unemployment, underemployment and bad housing are such great needs that existing agencies designated to meet those needs have been largely unsuccessful in meeting them.

A summary of the needs reported on needs assessment sheets appears on the following page. Staff discussions about family needs revealed needs perceived by Home Visitors in addition to those they had listed for the assessment. These additional needs appear in the separate discussions of each component. It is likely that the summary does not list all needs for families, nor does the summary indicate the severity of the needs identified.

# SUMMARY OF FAMILY NEEDS ASSESSMENT SHEETS *

## Health

| Problems/Needs | # of Children | Problems/Needs | # of Parents |
|---|---|---|---|
| Physical Examination | 11 | General examination | 8 |
| Dental Examination | 2 | Extra care -- eye trouble | |
| Immunization | 2 | Pre-natal care | 1 |

## Education

| Problems/Needs | # of Children | Problems/Needs | # of Parents |
|---|---|---|---|
| General | 19 | General | 15 |
| Language or speech problems | 5 | Training | 4 |
| | | English instruction | 2 |
| | | Child development materials | 1 |

## Psychological/Social

| Problems/Needs | # of Children | Problems/Needs | # of Parents |
|---|---|---|---|
| General | 2 | General | 4 |
| More social | 2 | Involved with children | 2 |
| | | Housing | 1 |
| | | Know/use agencies | 2 |
| | | Employment | 3 |
| | | Counseling | 3 |

## Nutrition

| Problems/Needs | # of Children | Problems/Needs | # of Parents |
|---|---|---|---|
| None specified | | Knowledge of basic four food groups or food values. | 17 |
| | | Need food | 1 |
| | | Budgeting for food | 3 |
| | | Food Stamps | 2 |

---

* Based on approximately 70% of families enrolled in the program

## C. Program Components: Objectives, Services, Needs

### 1. Education

### Objectives - Spring 1972

The Spring objectives for educational activities in the Texas Migrant Council Home Start Program were:

- Increase the amount of interaction between parents and children, talking with them more, playing, hugging, working together.
- Become more aware of, and take advantage of community resources such as the nearby libraries, learning things about the fields, animals and stores.
- Identify things in their own home (tin cans, pebbles, etc.) that can be used for games and toys for children.
- Work more with parents and children in groups.

### Objectives Achieved

Although Home Visitors must help with a variety of social, physical and psychological problems among families, the Education Component seemed well implemented and the Home Visitors displayed imagination in working with families during home visits. According to the Home Visitors, the education of children and parents becomes more of a priority as other problems faced by the migrant families are reduced.

Home Visitors often find that they must provide not only educational materials, but motivation for using them as well, since, they point out, people often care little about learning when they have no job, poor housing, and little food for their families. Some Home Visitors also note that small children occasionally adopt behavior from their parents; they sometimes become withdrawn, and display mild depression when crisis situations exist in the home. The psychological problems associated with the social conditions of migrant families make the Home Visitors' task most difficult.

Home Visitors are well aware of the educational focus of their program and of the fact that other public and private agencies exist to help meet the other needs of the migrant families.

## Home Visits

Initially, the Home Visitors spent approximately 1 1/2 hours in the home per week, working directly with the mother of the focal child. At the present time the Home Visitor begins her teaching activities at 9:30 a.m. and ends at noo Approximately 70% of a Home Visitor's week is related to educational activities, including planning, attending training sessions, and developing lesson materials or activities for home visits. The remainder of the time is spent recruiting new families and on the delivery of social services to the families.

The Home Visitors are all equipped with a large box filled with school materials and other items collected and used by the Home Visitors in meeting the educational goals of the Home Start program. Lesson plans and other activities are all structured and reviewed prior to the home visit. When the home visit is finished, the Home Visitors write up the activities of the day. The process recording, as this write-up is called, goes to the Trainer-Coordinator for review.[1]

The Texas Migrant Council Home Visitors work within the general guidelines set up by the new Home Start program. Preschool curriculum is outlined by both the Trainer-Coordinator and Home Visitors. Even though the curriculum is outlined and pre-planned, Home Visitors have the responsibility of structuring their home visit activities in such a manner that the specific needs of the focal child are met. The Home Visitors stressed the concept of planning their home visit and educational activities around the emotional and educational needs of the focal child.

All of the educational activities are done in Spanish: few English words are spoken as the Home Visitors and the child interact. The lesson plans are also designed to reflect the Mexican-American culture. Songs sung by the children reflect the culture and present-day social situation of the Chicano. Some songs tell the story of Chicanos fighting social injustice, others relate to religious stories. A few songs are direct translations from English to Spanish.

As illustrated in the educational component (see Appendix B) some educational activities focus on making pinatas, zarapes and other items that reflect the culture and social background of the children. Staff choose poems, rhymes and stories to reflect the rich heritage of the Chicano.

---

[1] See sample form, page 8.

The teaching of English as a second language is also a goal of the Home Start program. Since the program in October had only been in operation for approximately four weeks, many Home Visitors were communicating with families totally in Spanish. When better rapport is established with the focal child and families, teaching of English will become a more common activity during the home visits.

Parent participation in implementing the educational activities of the focal child was widely used. During the home visits the parent was given a lesson plan which focused on the child's activities for the week. The Home Visitors discussed and explained what words or concepts should be stressed during the week.

In general, the educational component of the Home Start program emphasized the following activities:

- The development of small and large motor activities.
- Taking field trips that familiarize the child with his environment.
- Creating toys, games and educational activities from home-made school materials (utilization of commercial materials when available).
- Teaching the child to identify and understand concepts that range from image-of-self to body movement, motion, etc.
- Teaching the child about the seasons, colors, money, days of the week, shapes, the alphabet, etc.

Most of the duties of the Home Visitors, in job descriptions prepared by the Texas Migrant Council Home Start program are education oriented. They are:

- To work individually with each parent (mother and/or father) when possible in convincing them of the importance of their children.
- To use a bilingual-bicultural approach in order to strengthen the family pride in their own language and culture and at the same time prepare the child to cope with another culture and language, both now and when he becomes of school age.
- To develop in the child through the parents the skills necessary for his physiological development, such as auditory, visual, language, tactile, motor (fine and gross).

- To demonstrate to the parents how these skills may be developed by using those things found in their environment such as the home (utilizing tin cans, pebbles, etc.).
- To make toys and games which they would not otherwise be able to afford. Natural environment such as things found in the home neighborhoods (playgrounds, vegetation, animals found in their particular area).
- To encourage parents to view "Sesame Street" as part of the educational component and to illustrate how to make the best use of it where there is no T.V. at home, organize groups to meet at a neighbor's home.

## Needs - Fall 1972

The educational needs identified in June 1972 continue to exist among the migrant families being served by the Home Start program. Other needs identified from needs assessment sheets and from staff discussions are:

| Problems/Needs | # of Children |
|---|---|
| English as a second language | 68 |
| General education needs | 19 |
| Other language development needs, speech therapy | 4 |
| Support in dealing with special problems | 12 |
| Emotionally disturbed | 1 |
| General: Development of all school curriculum in Spanish: reflect culture in curriculum. | |

| Problems/Needs | # of Parents |
|---|---|
| English as a second language | 100 |
| GED courses or specific job training/education needs | 80 |
| General: Most of the families need to concentrate on child-centered behavior. Parents need to become more involved with children in meeting the education goals. | |

Although education may not be the most critical need for parents, comments by Home Visitors suggest that some parents feel keenly their lack of education.

"The parents feel handicapped by lack of citizenship and they don't speak English," notes one Home Visitor. Another describes another family: "These parents had a tendency to believe that because they did not go to school very much they have to hold back and stay behind."

The numbers in the summary reflect only needs identified for the 68 focal children. In total the 53 families have 244 children, some of whom have problems similar to those of their parents and focal children. Home Visitors do not restrict their service activities to the focal children. Some Home Visitors work with up to four children at the same time and simultaneously manage to discuss problems with the parents. The ability to focus on both tasks is one of the most impressive aspects of this Home Visitor staff.

Many needs listed in this section were reported by Home Visitors on needs assessment sheets; additional needs, which do not appear in the summary of need assessment sheets, were noted by Home Visitors during staff discussions.

## Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

. . . . . . .

## 2. Health

### Objectives - Spring 1972

In Spring 1972, the objectives of the Texas Migrant Council's Home Start Program were as follows:

- See that the family (all members) get at least one physical check-up annually.
- Inform parents of existing services such as Mental Health, Mental Retardation Migrant Clinics, Planned Parenthood, etc., and assist them in obtaining such services.
- Provide general health education in the areas of sanitation, good health habits and safety procedures in the home.
- Assist parents in finding dental care, at reduced or non-fee rates, and provide preventive dental care education -- brushing teeth, eating, etc.
- Serve as a link to services in the northern states where such things as dental care are available free.

In June 1972, the health needs of the migrant families were in the process of being identified. A general knowledge of the health needs was displayed by the Home Visitors and Home Start administrators, although specific needs for each family were unknown.

### Objectives Achieved

The general health of the typical migrant family is poor; minor infections such as impetigo and the common cold plagued most of the children. Malnutrition and anemia were also evident in some of the children. In general, most children appeared undernourished and displayed a minor form of apathy as they related to the Home Visitor and their parents. Dental problems existed in almost every household. The lack of dental care was apparent in both parent and child. In one household, the mother of a child was in pain with a toothache during the time the Home Visitor worked with the focal child. It should be noted that dental care for the poor is completely lacking in the Weslaco area.

The Home Visitors reported that they were pleased with the service provided by the Health Clinic in the four weeks the program had been operating this Fall. Many Home Visitors reported that families were well received and treated courteously.

Transportation also plays a part in the problems related to adequate health. Many families are totally dependent on the Home Visitor for transportation to and from the Health Clinic.

The Home Visitors have responsibilities for three direct health services. The first is to learn to assess immediate family health needs. (For example, if the mother complains of constant headache, to see that she gets help in locating the clinic or a doctor, making the arrangements, and going with her if necessary.) Secondly, the Home Visitor will provide preventive referral services; making arrangements for physicals, identifying immunizations to be given, and determining which services the family already has received. Thirdly, the Home Visitor will provide health education materials -- such as leaving a child a packet containing baby aspirin, vitamins, toothpaste and toothbrush, having worked with the mother on need for and use of each of the items.

## Needs - Fall 1972

According to the needs assessment instruments and staff discussions about family needs, the Home Start Program identified the following health needs for its families:

| Problems/Needs | # of Children |
|---|---|
| Physical examination | 11 |
| Dental examination | 2 |
| Immunization | 2 |

| Problems/Needs | # of Parents |
|---|---|
| General examination | 8 |
| Extra care -- eye trouble | |
| Pre-natal care | 1 |

It should be noted that dental and medical problems are not identified as needs until they reach the crisis stage, since preventive dental and health care is unavailable for migrants in Hidalgo County. Furthermore, the health needs of the remaining 176 siblings in the migrant homes were not identified.

## Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

## 3. Social/Psychological Services

### Objectives - Spring 1972

The specific objectives related to the delivery of social and psychological services were not available during the June visit. The general program goals involved in psychological and social services identified in June were to make parents aware of the services that might be available, to discuss problems with parents, and for Home Visitors to be able to identify some signs of emotional problems in children, such as hyperactivity. While the Home Visitor may act as job counselor, marriage counselor, and child psychologist, the primary role will be to identify problems and make the appropriate referrals.

### Objectives Achieved

Contacts for referral services have been made with the Office of Economic Opportunity, Department of Welfare, "Colonias del Valle" (Manpower Training), Associated City-County Economic Development Corp., and the Texas Migrant Council.

In trying to deal with the range and severity of many needs in this area, Home Visitors begin with the following services:

- The Home Visitors provide transportation and assist families in finding service agencies that will help alleviate their problems.
- The Home Visitor determines the best possible way to work with the parents in correcting the social and psychological problem.
- The Home Visitors make as many visits as needed in solving the problem.
- Home Visitors provide all parents with a list of agencies which are most frequently called upon. The Home Visitors explain to the parents how each agency functions, plus the type of service that each agency offers. Along with the pre-introduction to some of the local agencies, a trip with the parent to the agency is scheduled for at least one home visit to each family.
- Home Visitors also take part in social action activities that are directed toward correcting social problems such as bad housing, road repair, and provision of recreational activities.

## Needs - Fall 1972

The Home Visitors were extremely modest in identifying the social and psychological needs of the migrant families in the needs assessment instruments, but in a general staff meeting, the following problems for migrant families served by Home Start emerged:

- Nearly 70% of the families serviced by the Home Visitors live in unsafe, un-organized, or generally inadequate housing.
- Discrimination against Mexican-Americans by Anglos.
- Exploitation of farmworkers through cheap labor.
- Poor political representation which has resulted in bad roads and neighborhood conditions for migrants.
- Unemployment.
- Problems related to broken homes resulting from unemployment.

From the needs assessment sheets the following needs were summarized:

| Problems/Needs | # of Children |
|---|---|
| General | 2 |
| More social | 2 |

| Problems/Needs | # of Parents |
|---|---|
| General | 4 |
| Involved with children | 2 |
| Housing | 1 |
| Know/use agencies | 2 |
| Employment | 3 |
| Counseling | 3 |

It should be noted that the social and psychological problems identified by the Home Visitors are focused on cases that need immediate attention. It is likely that from an outsider's perspective, the relative level of deprivation would appear to be more severe than that identified by Home Visitors.

In general, the social conditions of the migrants could be summed up as follows: families live in extremely poor housing, generally two rooms for a family ranging from six to ten people. In some homes, windows are broken, plaster and paint are peeling off the cracked walls. The homes are generally constructed of wooden frames with no insulation or plaster board. In one specific case, the kitchen consists of large pieces of tin and cardboard nailed to a wooden frame, presenting obvious sanitation, health and fire hazards. Some homes have only two beds for families ranging from four to ten people. Many homes are poorly furnished, lacking inside running water, toilet, refrigeration or heating facilities. Most homes were heated by the stoves families use for cooking.

Transportation was reported to be a problem for nearly all the Home Start families. Frequently, families were unable to follow through on appointments with doctors and service agencies because they lacked a means of transportation.

Other social and psychological problems that were apparent were faced by parents attempting to keep their children in school.

Some homes lacked toys and other materials that preschool children use to learn and play. Some of the children displayed apathy and a mild form of depression as they related to the mother and the Home Visitors. The children were generally shy, although the Home Visitors felt that their rapport with the children had improved from the time of the initial home visit.

## Additional Arrangements for Meeting Needs

The following agencies will be available to help migrant families in Home Start, although direct contacts with them have not yet been made. They include: the Mental Health and Mental Retardation Agency, Texas Employment Commission, Texas Rehabilitation Commission, Texas Commission for the Blind, and the Speech and Physical Therapy Center.

## Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

## 4. Nutrition

### Objectives - Spring 1972

The Spring objectives related to nutrition were as follows:

- To see that families have enough of the right kinds of food to eat.
- Help families in planning, budgeting, buying and preparing meals according to the family's needs.
- Assist families in using the existing but limited USDA surplus commodities.

### Objectives Achieved

The Home Visitors assisted the families in meeting the outlined objectives by providing transportation to and from the food stamp office. A thorough knowledge of the working of the food stamp agency has provided the Home Visitors with the ability to answer questions families have regarding the potential use of the agency.

Home Visitors have also taken an extensive course in nutrition which has been helpful in assisting the families to make the best of their limited food supply.[1] The training program was unique in that the focus was on the preparation of Mexican food. Corn tortillas, burritos, tacos, enchiladas, etc. were discussed and evaluated according to their food value.

Further training is planned to prepare the Home Visitors to better utilize the food stamp program.

### Needs - Fall 1972

The objectives outlined in Spring reflect the continuing needs of migrant famili services provided by the Home Start program have been aimed at reducing needs and meeting objectives.[2]

---

[1] See materials on page

[2] Nutritional needs were generally identified as appropriate for parents education. Home Visitors did not specify children who needed better food; they did point out that many children appeared malnourished and that health examinations revealed many instances of anemia in children.

| Problems/Needs | # of Parents [1] |
|---|---|
| Need Food | 1 |
| Budgeting for food | 3 |
| Food Stamps | 2 |

### Additional Arrangements for Meeting Needs

The only new development related to nutrition is the implementation of the Food Stamp program. According to Ms. Aguilar, the Food Stamp program will become effective in December 1972. At the present time the Home Visitors are busy trying to get as many families as possible enrolled in this program. In the fall, many families had received their "notice of action" letters from the Food Stamp Office, informing them of the amount of money they would need to purchase the stamps as well as the amount of bonus stamps that would be made available to them.

The total number of Home Start families that would be eligible for Food Stamps was unknown, although the number is expected to be near 100%.

### Objectives - December 1972

Program Staff are in the process of preparing measurable objectives in this component.

---

[1] The needs listed by Home Visitors are preceived by them to be immediate needs of parents.

# APPENDIX A

## Case Study I - Spring 1972

## Summary

# TEXAS MIGRANT COUNCIL HOME START PROGRAM

## TEXAS

"I do believe we could have it better."[1]

Migrant workers believe they "could have it better," and so does the staff of the Texas Migrant Council (TMC). TMC has started a Home Start Program, in addition to its Head Start Centers, to try and make life a little better for the migrant families from the Lower Rio Grande Valley. There are no illusions about the Program, and from some there is skepticism. Home Start cannot solve all the problems facing migrant parents and children. It can, however, help them "have it better".

TMC is a non-profit organization in Laredo, Texas, which operates a network of 15 Head Start Centers spread over a 400-mile area in Texas. The Texas Centers operate eight months of the year, and the other four months they operate across nine different northern states to form a net to serve migrant families. Every May the Centers close in Texas, and Teachers, children, equipment and materials go North with the families, following the crops.

Home Start is an eight-month program, from October to May. Home Visitors become Head Start Teachers and work in the northern Centers during the Summer. The TMC staff decided that because entire families work long days in the fields up North, home visits would not be very useful in the evenings. Home visits would best be done when families were in fact home, in Texas. Although funded in April, the Program does not officially begin operating until October. A great deal of work has been done, however, in April and May by the TMC staff to organize the Program so that it is ready to go when the families return from the North.

---

[1] Robert Coles, Uprooted Children.

Under TMC, Head Start and Home Start work closely together. The Executive Director of TMC is Director of both programs. One of the Head Start Field Supervisors is also the Home Start Supervisor. The Home Start Trainer Coordinator is a former Head Start Teacher from the Brownsville Center. The Home Start office is based in Weslaco.

Fourteen of 16 Home Visitors have been hired: seven from the Head Start staff and seven from the communities where they'll be working. The programs are coordinating their training programs and sharing community resources as well as the same curriculum. They are adapting the Center curriculum for home visits. Home Visitors received one week of in-service training in April, involving people from the various community agencies and the Head Start staff.

Home Start is located in Hidalgo County, 200 miles south of Laredo and 60 miles west of the Gulf of Mexico, in three small towns right on the Texas-Mexico border. Eighty families have been recruited from this area with at least one child between the ages of three and five and most with several pre-school age children. At least one home visit has been made with each family. The families are isolated and almost no other services are accessible, including Head Start.

Home Start will be providing health, nutrition, psychological, and socia and education services. The immediate objectives of this Home Start

Program are to see that families have enough to eat, that serious medical problems are cared for, and to help each family determine their individual needs. Meeting these basic objectives then sets the foundation for achieving the other fundamental goals of migrant Home Start:

- To preserve the culture, lanaguage, pride and human dignity of migrant families as Mexican Americans.
- To provide parents with the information and tools they need to become better educators of their own children, stressing the importance of the pre-school years.
- To help parents become aware of, and involved in, ways of changing their own conditions.
- To help children get ready to enter the Anglo schools.

Specific objectives for each Program Component are described in the Case Study.

Only a summary of goals is possible, since the staff was not available for interviewing. Only the Director and Supervisor were available.

In a short time Home Start has gotten off to a very strong start. While not officially in operation in June, 1972, the Program was certainly waiting and ready to go. Teachers will return in September, the families will be back in October, and Home Start will then be in full operation.

## RECORDINGS OF MOTIONS

Motion Made by; ____________________ Motion Seconded by: ____________

Motion: ______________________________________________

______________________________________________

______________________________________________

Discussion on Motion: ______________________________________________

______________________________________________

Question:
Vote; ______Unanimously Approved ______Not Approved ______Abstain

______________________________________________

Motion Made By; ____________________ Motion Seconded by: ____________

Motion: ______________________________________________

______________________________________________

______________________________________________

Discussion on Motion; ______________________________________________

______________________________________________

Question:
Vote: ______Unaniously Approved ____Not Approved ______Abstain

______________________________________________

## COMMITTEE REPORTS

I. Purpose of Committee: ______________________________________________

______________________________________________

II. Head of Committee: ____________________

III. Members of Committee: ____________________, ____________________,

____________________, ____________________, ____________________,

____________________ ____________________, ____________________,

Note: This report should be attached to minutes.

# P.A.C. MEETING

## MINUTES

____________________________ Center

____________________ Date

____________________________ Place of Meeting

____________________ Time

Presiding Officer: ____________________________

Present: PAC Officers: ____________________ ____________________

____________________ ____________________

Parents Present: (include list on separate sheet)

Guests: (include names on separate sheet)

FIRST STEPS TOWARDS CONDUCTING A PARENT ADVISORY COMMITTEE MEETING:

I. President Calls Meeting to Order.

II. Secretary reads minutes of previous meeting.

III. Treasurer's Report.

IV. Committee Reports if any.

V. Recognition of Guests.

VI. Things to be Discussed at meeting - (Agenda).

VII. Time and Place for next meeting.

VIII. Time meeting was adjourned.

UTAH HOME START
Millville, Utah

# Case Study II Fall 1972

# Project Home Start
Millville, Utah

Principal Author: John M. Love

# TABLE OF CONTENTS

PAGES

- Preface - Case Study Design i
- IN BRIEF ii

I. Progress Report 1
  A. Impressions - October 1972 1
  B. Program Update 2
II. ADMINISTRATION AND TRAINING 4
III. PARENT PARTICIPATION 7
IV. FAMILY NEEDS AND PROGRAM SERVICES 8
  A. Program Goals and Priorities 8
  B. Assessment of Needs 10
  C. Program Components: Objectives, Services, Needs 13
    1. Education 13
    2. Health 17
    3. Psychological/Social 20
    4. Nutrition 23

APPENDICES
  A. Case Study I - Summary Spring 1972
  B. Records Developed by Utah Home Start
    1. Form to Evaluate Child's Developmental Status
    2. Form for Lesson Plan

# PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study is developed after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations, for the four service components (health, education, nutrition, psychological and social service) were termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

---

[1] See Section IV. An "Assessment of Needs" for detailed description.

# IN BRIEF

## OCTOBER 1972

### GENERAL

| | |
|---|---|
| TYPE OF PROGRAM: | Rural |
| SPONSORED BY: | Northern Utah Community Action Program, Logan, Utah |
| ADMISSION CRITERIA: | Head Start Guidelines |
| PROGRAM START-UP DATE: | April, 1972 |
| HOURS OPEN: | Monday - Friday, 8:30 a.m. - 5:30 p.m.<br>Family Educators available at all hours. |

### FAMILIES

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| ENROLLMENT: | 21 | | 75 | | +54 | 257% |

### STAFF

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL PAID STAFF: | 11 | | 18 | | + 7 | 63% |
| Full-Time | 11 | 100% | 16 | 89% | + 5 | 45% |
| Part-Time: | 0 | | 2 | 11% | + 2 | infinite |
| TOTAL IN-KIND STAFF: | | | | | | |
| Full-Time | 0 | | 0 | | | - |
| Part-Time | 0 | | 0 | | | - |
| ETHNICITY OF STAFF: | | | | | | |
| Anglo: | 10 | 91% | 178) | 94% | + 7 | 70% |
| Black: | 0 | | 0 | | | - |
| Chicano: | 1 | 9% | 1 | 6% | 0 | - |
| Indian: | 0 | | 0 | | | - |
| Oriental: | 0 | | 0 | | | - |
| Other: | 0 | | 0 | | | - |
| SEX OF STAFF: | | | | | | |
| Female: | 10 | 91% | 17 | 94% | + 7 | 70% |
| Male: | 1 | 9% | 1 | 6% | 0 | - |

| | |
|---|---|
| STAFF POSITIONS: | Head Start/Home Start Director, Head Start/Home Start Education Coordinator, Head Start/Home Start Services Coordinator, Head Start/Home Start Nutritionist, Home Start Coordinator, Family Educators (8), Parent/Social Service Aides (6), Health Services Aide, Home Start Secretary |
| POSITIONS OPEN: | None |

## CHILDREN

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL HOME START CHILDREN: | 31 | | 83 | | +52 | 168% |
| TOTAL CHILDREN (ELIGIBLE FAMILIES): | | | | | | |
| 0-12 months: | 17 | | - | | N/A[1] | |
| 13-24 months: | | | - | | - | |
| 25-36 months: | | | - | | - | |
| 37-48 months: | 31 | | 35 | | - | |
| 49-60 months: | | | 42 | | - | |
| 61-72 months: | | | 6 | | - | |
| 6-9 years: | 35[2] | | - | | - | |
| 10-13 years: | | | - | | - | |
| 14-18 years: | | | - | | - | |
| ETHNICITY OF FOCAL CHILDREN:[3] | | | | | | |
| Anglo: | 14 | | 74 | 89% | N/A[3] | |
| Black: | 0 | | 0 | | - | |
| Chicano: | 3 | | 9 | 11% | - | |
| Indian: | 1 | | 0 | | - | |
| Oriental: | 0 | | 0 | | - | |
| Other: | 3 | | 0 | | - | |
| SEX OF HOME START CHILDREN: | | | | | | |
| Female: | NI | | 41 | 49% | - | |
| Male: | NI | | 42 | 51% | - | |

---

[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Fall 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start children; Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

## PARENTS

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL FOCAL PARENTS:[1] | 21 | | 76 | | +55 | 26% |
| SEX OF FOCAL PARENT: | | | | | | |
| Female: | 21 | 100% | 75 | 99% | +54 | 26% |
| Male: | 0 | | 1 | 1% | + 1 | infinite |
| Families in which both parents are considered focal parents: | | | 1 | 1% | | - |
| EMPLOYMENT OF FOCAL PARENT: | | | | | | |
| Employed:[2] | 12 | 57% | 8 | 11% | - 4 | -33% |
| Unemployed: | 9 | 43% | 66 | 87% | +57 | 633% |
| In School or Training: | 0 | | 2 | 3% | + 2 | infinite |
| Unknown: | 0 | | 0 | | | - |
| EMPLOYMENT OF FAMILIES:[3] | | | | | | |
| Employed, Regular: | NI | | 46 | 61% | | - |
| Employed, Part-Time or Seasonal: | NI | | 6 | 8% | | - |
| Unemployed or Unknown: | NI | | 23 | 31% | | - |

ESTIMATED FUNDING:

| | |
|---|---|
| HEW: | $100,000 |
| In-Kind: | 21,400 |
| Total: | $121,400 |

FOR FURTHER INFORMATION, CONTACT:

Ms. Sheri Noble
Head Start/Home Start Director
Northern Utah CAP
67 South Main Street
Millville, Utah 84326

---

[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

# I. PROGRESS REPORT

## A. Impressions -- October 1972

The Utah Home Start Program began operation in April, 1972, and by late May, 21 families had joined the program. As of the first week in October, 1972, 75 families had been recruited and the program had a full staff of 18.

In carrying the program into the homes during the first six months, Family Educators soon became very involved with the problems of their families. In many cases they found themselves spending long hours preparing for their visits, buying materials for a project, or listening to one of their mothers who just wanted someone to talk over her problems with. They received calls at all hours of the day or night. The Family Educators' role is largely defined by their families' needs for service, assistance, and companionship. As the Family Educators become acquainted with their families and as they become more confident in their own abilities, they gradually take on the task of encouraging parents to become more self-sufficient. This encouragement of parents is considered by Family Educators to be one of their most difficult and most important tasks. The Family Educators are assisted in each service area by Head Start/Home Start Coordinators, but they also learn a great deal from each other. They share ways they have discovered for providing help for the parents, and at the same time for developing a capacity in the parents to exercise greater control over their own lives.

Home Start in Utah has matured since May. The staff have been through the difficulties of start-up, the uncertainties of the first home visits, and the intricacies of recruiting. They have learned to work with each other. Their main task now is to continue what has begun, to get beyond the obvious tasks that have claimed their attention during start-up, and to try to fulfill the expectations they have created.

## B. Program Update

The main shift in Utah Home Start since May is of program focus. During the first few months, the Utah program emphasized education. Recruitment stressed to parents that Home Start would help with the "educational" development for their children. Family Educators placed a lot of emphasis on educational activities with parents and children. Now, according to Director Sheri Noble, the staff must try to integrate all four components into a complete program that places emphasis on health, nutrition, and psychological and social services as well as on education.

In program operations, some expected change has occurred. Home Start has come from a partial staff serving 21 families in May to a complete staff of 18 with 75 families recruited.

### Staff

There have also been some staff and organization changes.[1] Instead of the seven Family Educators planned for the program in May, there are now eight. There are two, rather than one, Family Educators who are located at an office in Rich County in order to serve the 14 families in that area.

The capacity of the program for providing psychological services and child development information has been augmented by the addition of a part-time psychologist, Hank Martin. Finally, instead of hiring a separate Parent/Social Services Coordinator for Home Start, the Head Start Parent/Social Services Coordinator will serve in the same capacity for both programs as do other Head Start/Home Start Coordinators. A single Home Start Parent/Social Services Aide works exclusively with the families and Family Educators in Box Elder County.[2]

---

[1] See Organization chart on p. 5.

[2] Ibid.

## Families

In each of the families now enrolled, the focal parent is the mother, with the exception of one family where both mother and father are considered focal parents. In twenty-one families only one parent is present.

During the first six months of operation, six families have left the program; four families moved from the service area. In another family the focal child entered kindergarten and in another, the family switched from Home Start to Head Start.

In October, the Utah program had 83 focal children. Thirty-five of these focal children were three years old, 42 were four years old, and six were five years old. Nine focal children are Mexican American and the remaining 74 are Anglo.

Incomes for families in Utah Home Start range from under $2,000 to $12,000. Fifteen families have 8 or more members. The majority of families have incomes between $2,000 and $6,000, with 30 families having incomes under $4,000 and 33 having incomes under $6,000.

Of families who participate in other federally funded program, 31 receive Aide for Dependent Children, 19 receive surplus commodity foods, and 26 are enrolled in the Food Stamp program. Two participate in the Work Incentive Program and one in a high school equivalency program. Nine receive Medicaid.

The Director estimates that 35 families will leave the program in the spring of 1973.

# II. ADMINISTRATION AND TRAINING

## Organization and Planning

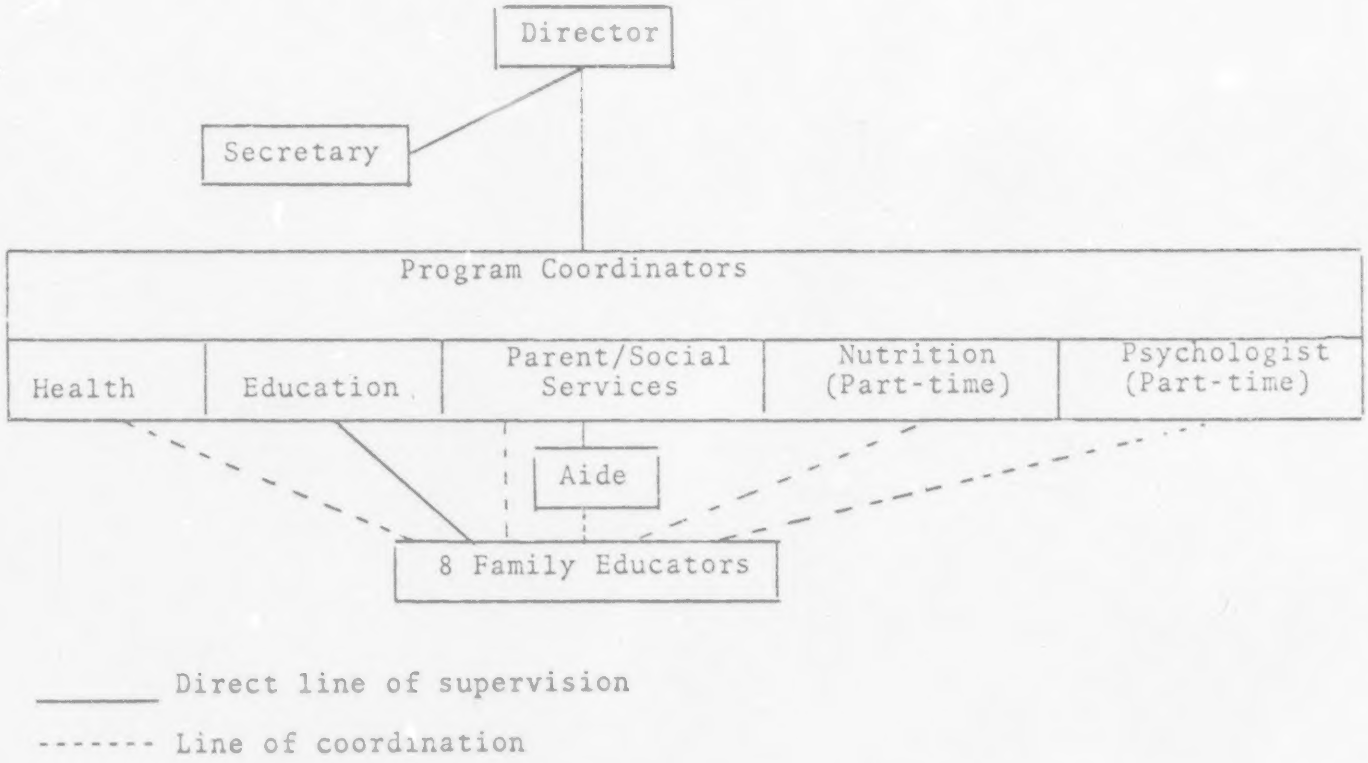
The Home Start/Head Start staff has been organized to meet the needs of families in both programs in an efficient manner. In fact, the sharing of key administrative staff has resulted in benefits to both programs. As the organization chart indicates[1], the program Director and all the Coordinators work on both Home Start and Head Start programs. In all service areas (health, education, nutrition and social/psychological) the Coordinator's job involves both programs. For example, when social service agencies are found which can serve Home Start families, Head Start families can also be referred to them. Likewise, when Glenna Markey, Education Coordinator, develops curriculum ideas for the Head Start classroom, those ideas can often be adapted for uses during home visits by the Family Educators. Further, the addition of Home Start funding, and the adoption of their sharing plan, enabled Director Sheri Noble to expand the Head Start staff into a Head Start/Home Start staff that more completely fulfills the functions required by the four service areas. Head Start/Home Start coordination permitted the hiring of the part-time Psychologist, the part-time Nutrition Coordinator, the Education Coordinator and a full-time nurse.

This large staff of 18 and the fact that the Family Educators' work is spread over a three-county area, requires considerable coordination and planning. The Home Start/Head Start director does much of this planning through the Friday staff meetings. When planning and communication are particularly important, the Director may have the Family Educators postpone their visits for one week so that

---

[1] See Organization chart on following page.

## HOME START ORGANIZATIONAL CHART


Director
Secretary
Program Coordinators
Health
Education
Parent/Social Services
Nutrition (Part-time)
Psychologist (Part-time)
Aide
8 Family Educators
Direct line of supervision
Line of coordination

everybody can meet in the office to evaluate their activities and services, to plan for new developments, and generally to take a break from the daily routine for some time to think. Such a week was planned for the week of October 16, so that staff could evaluate and plan program services after two week-long visits, one after the other, by Florence Seguin from the National Home Start office and the case study writer.

## Staff Training and Development

Staff training has consisted primarily of in-service training sessions, which are sometimes Friday morning discussions, and other times two-day training workshops. Consultants (who are often volunteers) have provided training in:

- Identifying needs and defining goals.
- Using materials found in the home.
- Preparing lesson plans.
- The changing role of Family Educator from key person to resource person as parent develops self sufficiency.
- Recognizing and dealing with learning disabilities.
- Encouraging language development.

Family Educators are also encouraged to attend nearby conferences (e.g., the University of Utah's annual Child Development Conference), and some are taking child development classes at the University Extension in Brigham City.

Sheri believes that in-service training should grow from needs for training that staff identify for themselves. She also believes that the Friday staff meetings are important opportunities for staff to recognize their needs for training or assistance. Problems are discussed; some are resolved. If it is apparent that other problems can only be solved by further training, then plans are made for it. Family Educators, for example, felt they needed to know more about health care and consequently first aid instruction from Head Start nurse Helen Olsen was planned. Staff also want to take Thomas Gordon's Staff Effectiveness Training but plans for this training will depend on availability of a Head Start supplementary training grant.

## III. PARENT PARTICIPATION

Parents have held several group meetings; some meetings were held among parents who have the same Family Educator. Other, larger meetings were held at the Head Start Center. But parent involvement in policymaking is only beginning. When established, Home Start policymaking will fit into the Head Start structure. Home Start parents in each of the three counties (Cache, Box Elder, and Rich) will elect four parent representatives to the Home Start Policy Committee. A similar Policy Committee is elected from Head Start parents to represent Head Start in Cache and Box Elder counties. Finally, both the Home Start and the Head Start Policy Committees elect representatives to a joint Head Start/Home Start Policy Council. This Council will meet regularly.

In addition to their involvement in the Policy Committee and Council, groups of parents will begin to meet each month with the Family Educator for their area. These meetings, scheduled to begin in November, will be used to discuss issues that the parents are interested in, e.g., nutrition, child development, or concerns about the administration of the program. Babysitting will be provided for children other than target children. Target children, at this time, will come together for group experiences - under direction of the Family Educators.

## IV. FAMILY NEEDS AND PROGRAM SERVICES

### A. Program Goals and Priorities

Program goals articulated by Utah Home Start staff remain much the same as they were in the January proposal.

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.
- To provide the same health services that are provided to Head Start children.
- To develop a realistic training program for parents in the program.
- To implement a training program for parents which reflects an understanding of sound child development principles.
- To provide a series of success experiences for children, through parent education, in order that feelings of frustration and failure may be reduced or eliminated.
- To assist in promoting within the parents a feeling of accomplishment and self-worth as a result of their participation in the program.

Most goals emphasize parent development and participation in the program. These goals represent the general focus of the program; objectives for each of the four service components, where they have been written, refer primarily to services for children.

In doing needs assessments forms, staff did not rank needs for children and parents according to clear-cut priorities. The problems identified for 50 families do, however, indicate some patterns of needs that are perceived by Family Educators.

Family Educators most frequently identified educational problems as "critical" needs for children; these problems included "attention span," "learning ability," and "language development."

The next most common critical need for children was for greater social contact, and the other need mentioned by several Family Educators was in the area of improving mother-child relationships. The needs most often cited as critical for parents fell into the "parenthood" category, including parent-child relationships, child management needs, and "teaching" ability.

Parent self-concept was seen as an area requiring attention in several families. Other critical needs mentioned were housing, lack of social contacts, and emotional difficulties. Although mentioned less frequently than "parenthood" problems, these needs recurred often enough to indicate that Family Educators perceived "critical" needs for social/psychological services in many families.

Based on the needs assessment done for 50 of the 75 enrolled families in Utah Home Start, a general summary can be made.

Although the needs were identified by Family Educators it is important to note that the program staff were not completely consistent with these rankings in designating their priorities for services to be provided.

## B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference, September 1972 in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the October program visit by evaluation field representatives.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessment sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services and priorities.

For various reasons, not all Family Educators completed Family Needs Assessment Sheets for all families. Assessments were done for 50 of the 75 families enrolled.

For the most part, however, Family Educators believe they have little difficulty identifying the needs of the families they visit. The only difficulty in doing needs assessment, said the Family Educators, was ranking needs in order of priority. In actual practice Family Educators say that setting of priorities is not a problem; that it comes about as a natural consequence of interacting with the families and planning with other Home Start staff how to provide necessary services.

## SUMMARY OF
## FAMILY NEEDS ASSESSMENT SHEETS*

### Health

| Problems/Needs | # of Children |
|---|---|
| Better Water Near House | 2 |
| Vision Examination | 1 |
| Dental Care | 1 |
| Anemia | 1 |
| Improved Muscular Coordination | 1 |
| Support in Adjusting to Epilepsy | 1 |
| | 7 |

| Problems/Needs | # of Parents |
|---|---|
| General Health | 1 |
| Dental Care | 1 |
| | 2 |

### Education

| Problems/Needs | # of Children |
|---|---|
| General Education | 4 |
| Attention Span | 2 |
| Colors, Numbers | 8 |
| Language Development | 4 |
| English | 1 |
| | 19 |

| Problems/Needs | # of Parents |
|---|---|
| Parenthood (child development guidance) | 10 |
| Adult Education | 5 |
| English as Second Language | 2 |
| | 17 |

### Nutrition

| Problems/Needs | # of Children |
|---|---|
| Special Diet | 1 |
| General Better Nutrition | 15 |
| | 16 |

| Problems/Needs | # of Parents |
|---|---|
| Nutrition and Meal Planning | 35 |
| Weight Control | 30 |
| | 65 |

---

* This summary reflects needs identified for 50 of the 75 families enrolled in the Utah Home Start program in fall 1972.

## Social/Psychological

| Problems/Needs | # of Children | Problems/Needs | # of Parents |
|---|---|---|---|
| Social Contact | 6 | Improved Self-Concept | 7 |
| Security or Attention/ Acceptance from Parent | 9 | Counseling or Marital Problems | 3 |
| Identification with males | 1 | Social Contact | 4 |
| Clothes | 1 | Housing and Sanitation | 4 |
|  | 17 | Clothes | 1 |
|  |  | Disabled Parent | 1 |
|  |  |  | 20 |

## C. Program Components: Objectives, Services, Needs

### 1. Education

Objectives - Spring 1972

For Utah Home Start, the primary goal for their educational activities is:

- To involve parents directly in the educational development of their children.

In planning activities which include parents and children, Family Educators have the following list of skills which they would like focal children to have after their Home Start experience. These skills are:

- Knowing colors.
- Dressing selves.
- Using school tools, pencils, crayons, scissors.
- Counting 1 - 10.
- Knowing shapes: circle, square, triangle.
- Developing visual discrimination
- Learning left to right sequence.
- Learning opposites: big-small; long-short.
- Knowing position prepositions: on, under, etc.
- Learning concepts: not, or, if-then.
- Developing language and listening skills.

More specific objectives are frequently left up to the Family Educators to work out on an individual basis with each of their families.

Objectives Achieved

Utah Home Start has developed a division of responsibility and system of keeping developmental records that should help them achieve their educational goals. Glenna Markey, the Head Start/Home Start Education Coordinator, spends part of her time in finding new curriculum ideas, supervising Family Educators' lesson plans, or developing long-range education resources for both programs. She also works with Family Educators to develop educational plans for specific families. Most often Glenna works individually with Family Educators, although sometimes they use Friday staff meetings for their planning activities.

Family Educators, however, have full responsibility for developing education plans appropriate for their families. They use Glenna primarily as a resource; she does not give them a prepared lesson or standardized procedure to follow on a set schedule. Both to help Family Educators plan appropriate education activities and to help Glenna Markey supervise such planning, the staff uses an "Evaluation of Child's Developmental Status" form. Family Educators fill out this form shortly after a family is enrolled in the program, and then again at the end of the year. The form helps the Family Educator describe the child in such areas as: child's relationship with family members, child's group relationships, child's activity preference, physical characteristics, problem-solving behavior, and intellectual characteristics. Glenna reviews this form periodically with Family Educators in planning for home visits.

In addition there are two other sources of information maintained for use by the Family Educators: the Activity File contains lists and descriptions of various activities (though not exclusively educational) that might be useful; the Idea File includes suggestions for home visits, field trips, and so on. Glenna, or any Family Educator who has a successful experience, is encouraged to share activities and ideas through these files.

Needs - Fall 1972

For Children

| Problems/Needs | # of Children |
|---|---|
| General education, colors, numbers | 12 |
| Attention span | 2 |
| Language development | 4 |
| English | 1 |

For Parents

| Problems/Needs | # of Parents |
|---|---|
| Parenthood (child development and guidance) | 10 |
| Adult education | 5 |
| English as a second language | 2 |

For children, the needs identified on assessment forms are consistent with the emphasis placed on pre-school skills which are goals for Home Start focal children. There is a close match between the needs for general education identified by Family Educators and both the component goals and the component services provided to children.

For parents, the program does address needs to learn about child development and guidance with regular Child Guidance classes. While the program's referral record shows 95 referrals made to the Adult Education program of local high schools, only four of those referrals actually received services through adult education programs. Of four referrals to Utah State University, one person received education services. What is indicated in part by the low ratio of referrals to services received is the discrepancy (often recognized by Family Educators) between needs that may be identified by Family Educators and services that parents actually want to obtain for themselves. Between the identification of the need and the actual provision of a service to meet the need there is often a long period of discussion, decision-making and attitude-change that the Family Educator can only support but not control.

Family Educators continue to learn how to provide that support and how to meet family needs. They learn at staff meetings, individual conferences with Program Coordinators, by sharing experiences with one another, and through in-service training.

## Additional Arrangements for Meeting Needs

To help achieve education goals, two new resources are planned, one for children and one for parents and staff. In addition to the form now used to evaluate each child's developmental level, Family Educators will soon administer the Denver Developmental Screening Test to each focal child. This test is widely used by pediatricians and nurses to indicate a child's development in such areas as muscle coordination, balance, language use, hand-eye coordination, and others. The Health Coordinator has been trained to administer the DDST, and she will teach Family Educators how to use it.

For parents, Education Specialist Glenna Markey is developing a new resource center where parents and staff will be able to locate new games and activities to foster their educational growth. The center is located in a section of the gym in the school building where Head Start has classrooms. Parents are helping set up the center by constructing partitions and shelves.

---

[1] See Appendix B of this case study.

## Objectives - December 1972

Objectives for the education component in Spring 1972 emphasized skills to be developed by children. The overall goal of the educational activities is to involve parents in teaching their children.

Program staff have revised goal statements for parents and children's activities in education; these goal statements can be found in the Appendix B to this case study. One measurable objective identified for education is:

| Objective | Resources | Completion Date |
|---|---|---|
| Provide Parent Effectiveness Training to 10 parents (one parent group) | Psychologist | March 15, 1973 |
| Provide Parent Effectiveness Training to 10 parents (one parent group) | Psychologist | March 15, 1973 |

## 2. Health

### Objectives - Spring 1972

The broad goal for health in Utah Home Start is:

- To provide the same health services that are provided to Head Start children.

The following items are not explicitly identified as objectives by the program but do represent informal objectives for Home Start health services. They are:

- To maintain health records on each Home Start child.
- To provide complete physical and dental examinations for each Home Start child.
- To provide dental care.
- To assist families in finding medical and dental care through referrals.
- To obtain immunizations for the children.
- To improve the capabilities of the Family Educators for providing health information.

Health objectives, while they do not specify numbers of families and dates for service completion, do call for comprehensive services to be provided to focal children, for complete referral services for parents and other children, and for health education for Family Educators.

The Health Services Coordinator for Head Start and Home Start, Helen Olsen, says that the health component is "just getting started in Home Start." With Health Aide Jane Houston, Helen has arranged for full medical and dental examinations for all focal children. They will be tested for TB, screened for vision and hearing problems, tested for anemia and other vitamin/mineral deficiencies. During the first six months of operation, however, only 10 focal children have received general physical examinations. In addition, three have had lab tests, six have received dental examinations and one tested for hearing/speech difficulties.

Immunizations have been received by three focal children. Four children have received dental treatment and one child has been treated for a medical problem.

## Needs - Fall, 1972

When Family Educators identified most critical needs for each of the families they visited, they seldom mentioned health problems for children or for parents. Families do have some health needs (e.g., poor teeth, uncorrected vision problems, illness caused by polluted water supply) which Family Educators tend to rate as "other", less critical needs.

For Children

| Problems/Needs | # of Children |
|---|---|
| Better water supply near house | 2 |
| Vision examination | 1 |
| Dental care | 1 |
| Anemia | 1 |
| Improved muscular coordination | 1 |
| Support in adjusting to epilepsy | 1 |

For Parents

| Problems/Needs | # of Parents |
|---|---|
| General health | 1 |
| Dental care | 1 |

Health Coordinator Helen Olsen notes that there are not serious health problems in Northern Utah, a predominantly rural area. Some children do not eat balanced meals; some are known to go without breakfast.[1] Helen sees dental health as the most critical need for children.

## Additional Arrangements for Meeting Needs

For Family Educators, Health Coordinator Helen Olsen has planned a training session devoted to first aid instruction and training in recognizing (by observation) signs of health problems.

---

[1] See section 4, Nutrition, page 23.

Parents will be involved in an educational program to improve health and dental care in the home. The Proctor and Gamble Company has developed (for Head Start) a dental health kit. When Head Start/Home Start purchased toothpaste and brushes for the children, Proctor and Gamble supplied at cost materials, which include a for parents on dental care, "motivation" stickers for parents to give their children for brushing their teeth, records, books, and slides that can be shown at parent meetings. As the parent groups get organized, these materials can be used.

Another device for increasing the chance that new health-care practices actually get practiced is a health education curriculum that was developed for Head Start - "Healthy That's Me." This series of booklets conveys health concepts and practices (including mental health) to low-income parents and will be available to Home Start families. Most of the health education activities will be scheduled for the bi-weekly parent meetings that were scheduled to begin November 1.

## Objectives - December 1972

Program staff are in the process of defining measurable objectives for health services. See Appendix C for their revised goal statements concerning this component.

## 3. Social/Psychological Services

### Objectives - Spring 1972

The original Home Start goals included one which provided a focus for social and psychological services:

- To assist in promoting within the parents a feeling of accomplishment and self-worth as a result of their participation in the program.

While no specific objectives for providing social and psychological services were articulated by the program, there are three part-time staff in addition to Family Educators devoted to providing these services. They are particularly valuable as support staff because the Utah Home Start program covers three large counties and "social" services -- even getting people together over such long distances -- require much coordination. The three support staff are: Pearl Thomas, the Head Start/Home Start Parent and Social Services Coordinator; Joan Miller, her aide; and Hank Martin, a psychologist.

Pearl Thomas coordinates the delivery of social services. This may mean anything from recruiting all children for Head Start and Home Start, to arranging for a family to apply for welfare benefits, to seeing that a parent has a ride to a group meeting. Because a large number of families in Box Elder County live some distance from Millville, an aide was hired to assist in providing social services. Joan Miller coordinates her work with Pearl and spends some time in Millville but is responsible for the families in Box Elder County.

Social gatherings for families separated by stretches of farmland or mountains are not easy to arrange, but small bi-weekly meetings among families who share a Family Educator are beginning in the Fall 1972.

In fall 1972 no social/psychological referrals had been recorded by staff on information system reports, although some services were kept on other program records.

The hiring of a psychologist was not planned in the original Home Start Proposal, but it has developed into a very valuable resource. Hank Martin, working half-time with Head Start and Home Start while earning a Ph.D. at Utah State University, does a variety of things. He has organized a parent study group to discuss child development concerns. They are using Children: The Challenge, by Rudolph

Dreikurs, which also has a discussion guide that helps to direct the group meetings. The study group was formed in response to parents' desire for more information in this area. Hank also provides consultation to staff on psychological problems (for example, to a Family Educator who wonders what might be done with a child who is overly aggressive). He also does some counseling with parents, and helps staff work through problems by moderating at the Friday staff meetings.

## Needs - Fall 1972

Psychological and social service needs for parents were mentioned more often on the Family Needs Assessment sheets than any other type of need. While Family Educators identified fewer social and psychological needs for children than for parents, social contact and psychological needs for acceptance and security were identified for several children.

For Children

| Problems/Needs | # of Children |
|---|---|
| Social contact with other children | 5 |
| Security/Acceptance from parent | 7 |
| Association with male | 1 |
| Clothes | 1 |

For Parents

| Problems/Needs | # of Parents |
|---|---|
| Improved self-concept | 7 |
| Counseling or marital problems | 3 |
| Social Contact | 4 |
| Housing and Sanitation | 4 |
| Clothes | 1 |
| Disabled parent | 1 |

The structure and staff of the social/psychological component in the Utah Home Start program seems to have been remarkably flexible in meeting concerns of families. Psychological needs identified for both parents and children appear to be particularly well met through the direct efforts of Home Start staff. No referrals are indicated for these or for social needs such as employment or housing.

## Additional Arrangements for Meeting Needs

No additional arrangements have been identified as necessary to meet the social and psychological needs of families. Parent/Social Services Coordinator Pearl Thomas has arranged resources for referrals with social service agencies in towns near Home Start families, but extensive use of these resources by Family Educators and families has not yet been established.

## Objectives - December 1972

Extensive services, particularly for psychological problems, have been provided for some time in this component, although some specific measurable objectives have not yet been written. In addition to services already on going, the following objectives have been set for the next six months.

| Objective | Resources | Completion Date |
|---|---|---|
| 1. Organize parents in Rich county and elect parent representatives to the policy council. | Home Visitors | Spring 1973 |
| 2. Refer 2 families to Crippled Children Svce. | H.S.C. and Div. of Family Services | January 31, 1973 |

## 4. Nutrition

### Objectives - Spring 1972

Original Home Start goals written in spring did not include specific objectives about nutrition. The work of the Home Start Nutrition Coordinator suggests that the Home Start staff is, indeed, concerned with nutrition among the families they visit.

### Objectives Achieved

According to Nutrition Coordinator Karen Runner, malnutrition is definitely a problem among families in Utah, and most children's diets could be improved. Karen works on nutrition with Family Educators in small groups, responding to needs for materials and advice as family educators learn about the families; she also makes home visits with the Family Educators to help determine individual Family Nutrition Needs.

Although concerns about nutrition come slowly and indirectly from parents, Karen has been quite responsive to concerns expressed. Currently, Karen is teaching a class called "Pounds Thinner" to a group of 12 Home Start and Head Start parents. When the parents bring their preschoolers to a ballet and body movement class on Wednesday afternoon, the mothers attend calss. Karen gives them information on low-budget diets that are low in calories and are balanced. Not all mothers need to lose weight; some need to gain. The class really concentrates on cooking, buying, and nutrition all at once. As Karen explained it, good nutrition depends a lot more on food habits than on income.

As for referrals, Karen has found resources in Northern Utah that provide assistance or to which families can be referred. So far, 88 families have been referred to the U.S.D.A. Food Supplement program and the Public Assistance Food Stamps program; of that number, 45 families have received some assistance in obtaining additional food. Families are also referred to the Nutrition Aid program and County Extension where needed.

### Needs - Fall 1972

Few nutritional needs were mentioned by Family Educators who completed Needs Assessment sheets: staff are still learning about nutrition in order to evaluate the needs of families. See Appendix C of this case study for component goals included in the Home Start proposal for 1973.

For Children

| Problems/Needs | # of Children |
|---|---|
| Special diet | 1 |
| General better nutrition | 3 |

For Parents

| Problems/Needs | # of Parents |
|---|---|
| Nutrition and mealt planning | 3 |
| Weight control | 3 |

It is clear that resources and staff are available to Family Educators to deal with these few needs, if the needs are not already being met. A weight control program is open to those who wish to participate and Nutrition Coordinator Karen Runner can provide nutrition advice to families who feel they need assistance.

## Additional Arrangements for Meeting Needs

In addition to the Nutrition Coordinator and the two food assistance programs to which families have been referred, Home Start has also developed a Nutrition Education Committee in each of the three counties where Home Start families are located. In each county the Committee includes a county extension agent, nurses, welfare personnel, and professional nutritionists.

The Nutrition Coordinator sees her goal for Home Start as that of teaching about nutrition's "basic four" to every family, and helping parents learn how to use this information in a realistic way. Then, she says, there will be no nutrition problem.

## Objectives - December 1972

Objectives for nutrition in Home Start, written for the first time in the Fall of 1972, include:

| Objective | Resources | Completion Date |
|---|---|---|
| 1. Identify specific family needs (in at least three families) for nutrition where nutritional deficiencies seem to be a problem; help Family Educator plan with parent to overcome deficiencies. | Family Educator<br>Nutrition Coord. | February 1, 1973 |
| 2. To continue "Pounds Thinner" class with 12 parents until their needs are met. | Nutrition Coord. | March 15, 1973 |
| 3. To identify Family needs in foods, nutrition, consumer education, etc., and provide a class or visits which will help solve these problems. | Nutrition Coord. | June 30, 1973 |
| 4. Meet with parents during bi-monthly meetings to help answer questions and fulfil their needs. | Nutrition Coord.<br>County Extension Agent | August 30, 1973 |

# APPENDIX A

## SUMMARY - CASE STUDY I

MAY 1972

# NORTHERN UTAH CAP HOME START
# UTAH

## CASE STUDY I - SUMMARY

MAY 1972

The Millville Home Start Program serves 21 families in the 8,000 square-mile area of Box Elder, Cache, and Rich Counties, Utah. Home Start is a joint program with Head Start, sharing key administrative staff and offices. This was one of the last Home Start Programs to be founded but in late May it was rapidly moving toward full implementation.

### Staff

The Head Start/Home Start Director is responsible for the overall operation of the program. She is assisted by four Coordinators: The Education Coodinator supervises the Family Educators (Home Visitors); the Parent/Social Services Coodinator supervises two aides to provide assistance to families in obtaining social services; the Nutrition Coordinator serves as a consultant to the Family Educators; and the Health Services Coordinator works with an aide to provide support for Family Educators and indirect services to families.

### Staff Training

In-service training is being planned. In addition to outside consultants, the Head Start/Home Start Coordinators will contribute in their areas of expertise. Training would be aimed at helping Family Educators to clarify their objectives for families; it is also intended to help them learn how to help parents become self sufficient rather then providing all services themselves.

### Services

The main thrust of the Northern Utah CAP Home Start Program is toward educational activities between parents and their children in their homes. Though there are personnel and services in Health, Nutrition, and Social/Psychological Services, the central feature is the learning activities introduced by the Family Educator.

## Health

The Health Services Coordinator visits every family and maintains health records on the children. Physical and dental examinations are provided for each focal child. The Health Coordinator makes referrals and helps the Family Educators to provide information to their families.

## Social-Psychological/Nutrition

The Nutrition Coordinator consults with the Family Educators on family needs surrounding diet and food preparation. The Parent/Social Service Coordinator and aides help families get the services they need, through referrals to community agencies and, in minor ways, through direct service.

## Education

Education is the central focus of the program. Two Family Educators are working with 21 families, taking materials and lessons into the homes and listening to the mothers talk about their families.

## Parent Participation

Plans are just beginning to be formulated for involving parents. In addition to informal meetings, involvement will include participation in the joint Head Start/Home Start Policy Council and a Parent Committee in each county.

## Program Goals and Objectives

The goals are spelled out in the January, 1972 proposal:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.
- To provide the same health services that are provided to Head Start children.
- To develop a realistic training program for parents in the program.
- To implement a training program for parents which reflects an understanding of sound child development principles.

- To provide a series of success experiences for children, through parent education, in order that feelings of frustration and failure may be reduced or eliminated.
- To assist in promoting within the parents a feeling of accomplishment and self-worth as a result of their participation in the program.

In May, Millville Home Start was seen as a strong program. A fourth of the families had been recruited and staff were working well together, talking about their objectives, and trying to increase parents' involvement with their children.

# APPENDIX B

## Evaluation Instrument for
Child's Developmental Status

# EVALUATION OF CHILD'S DEVELOPMENTAL STATUS

Instructions to Evaluators:

Check those items which describe a child's Usual behavior. Read items in each section carefully before making your evaluation. Some items are mutually exclusive while others are not.

Date____________________

Name of child________________________ Birth Date__________
Last First

Age: Years_____ Mos._____

## I. Child's relationships with family members

### A. Child's response to being left at center

Undistureber-__________ Anxious for parent's return__________

Cries__________ Other____________________

### B. Child's response to siblings (if any)

Seeks them out__________

Displays hostility__________

Ignores them__________

Describe relationship between child and siblings when they are together at the center

### C. Child's feelings about his family

Feelings expressed about siblings____________________

Feelings expressed about mother____________________

Feelings expressed about father____________________

## II. Child's Group Relationships

### A. Choice of companions

Name(s) of usual companion (s) ____________________

B. Child plays best when

With one child______________

In group of children_________

C. Relationship to adults_______

Cooperative_________________

Hostile_____________________

Fearful_____________________

Shy_________________________

Aggressive__________________

Dependent___________________

Demands extra Attention______

D. Character of participation

Able to share

Toys and materials_______

Adult attention__________

Able to wait for his turn____
Able to conform to
group limits ______________

Accepts his share of
responsibility for
maintaining an orderly
work area__________________

Dominates other Children_____

Bullies other children_______

Manipulates other children___

Withdraws__________________

E. Acceptance of group routine

Wants to be included in
in all activities__________

Interested in the
Activities________________

Able to participatein
group activites____________

## III. Child's Activity Preferences

(Number in order of his preference)

Blocks____________________

Balls_____________________

Dolls______________________

Housekeeping equipment_____

Stories____________________

Music_____________________

Art_______________________

Free Play__________________

Organized games____________

Outdoor

equipment______________

games__________________

Others____________________
______________________
______________________

During free play, what toy or piece of equipment does he usually select? ________________________________________________
________________________________________________________________

## IV. Child's Mode of Response to Activities

For the activities rated 1 and 2 in the previous section (the two most preferred activities), describe how the child usually engages in these activities. Note what he does with equipment, if he engages in rituals, if he persistently chooses one item and excludes all others, or any other responses that recur.

1.____________________________________________________________
______________________________________________________________

2.____________________________________________________________
______________________________________________________________

## V. Child's Emotional Status

### A. Prevalent Fears

None ____________________

Fear of ____________________________________________

____________________________________________

Usual behavior when afraid ____________________________________________

____________________________________________

When attempts are made to comfort him,

he is easily distracted ____________________

he becomes more upset ____________________

### B. Signs of emotional discomfort

None ____________________

Thumb sucking ____________________

Nail biting ____________________

Eye blinking ____________________

Tic ____________________

Other ____________________

Describe ____________________________________________

____________________________________________

Describe exactly how you handle his difficulty with the child ____________

____________________________________________

____________________________________________

Describe child's response to your efforts. ____________________________

____________________________________________

____________________________________________

____________________________________________

## VI. Child's Physical Characteristics

### A. General description

Active ____________________

Sedentary ____________________

Quick ____________________

Slow ____________________

Quiet ____________________

Very Quiet ______________

Other ______________

Describe ______________________________________________

______________________________________________

B. Muscular Coordination

Walking ______________________________

Running ______________________________

Climbing ______________________________

Skipping ______________________________

Hopping ______________________________

Pedaling ______________________________

Coloring ______________________________

Drawing ______________________________

Painting ______________________________

Dressing ______________________________

Shoe Tying ______________________________

## VII. Child's Problem-solving Behavior

A. Attempts to solve problems himself ______________

B. Gives up easily ______________________________

C. Seeks help from peers ______________________________

D. Seeks help from adult ______________________________

E. Other ______________________________

Describe ______________________________

______________________________________________

______________________________________________

## VIII. Child's Intellectual Characteristics

A. Attention Span

Equal to his peers for all activities ______________

Better than his peers for all activities ______________

Less than his peers for all activities ______________

Varies with Activity ______________________________

(Compare with his peer group for each activity)

Story time ______________________

Music time ______________________

Art time ______________________

Free-play time ______________________

Discussion periods ______________________

Game time ______________________

Other ______________________

Name Activity ______________________

C. Curiosity

Explores environment ______________________

Asks questions ____ ______________

Uses equipment in unusual ways ______________

D. Relationships amon ideas

Tells short stories ______________________

Knows some cause and effect ______________

Describe ______________________________

______________________________

IV. Child's Intellectual Development

A. Spatial perception

Distinguishes between large and small ______________

Distinguishes long from short ______________

Identifies

Circles ____________

Square ____________

Rectangle ____________

B. Color Perception

Knows names of colors ______________________

Distinguishes among colors ______________________

Chooses objects of correct color ______________

C. Number Concepts

Counts consecutively from on to ______________

Chooses correct number of objects ______________ or in text________________________________

Identifies words for numerals______________

D. Usually communicates through

Pulling__________

Gestures_________

Language_________

E. Talking frequency

Seldom___________

Freely___________

Disturbs other children_________

F. Enunciation

Speaks clearly____________

UsEs baby talk___________

Uses own language_________

Mumbles__________________

Whines___________________

Unusually difficult to understand________________

Speech impediment suspected_________________

Other____________________

Describe______________________________________

_____________________________________________

_____________________________________________

G. Language mastery

Vocabulary (compared with peer group)

Limited______________________

Extensive____________________

Equal_________________________

Expresses himself in

Single words_________________

Phrases______________________

Short sentences______________

Complex sentences______________
Repeats words addressed to him_____

H. Use of language

Other Children________________
Adults________________________

Explains______________________
Makes suggestions_____________
Asks questions________________
Other_________________________
Describe__________________________________________
__________________________________________________

F. Time Concepts

Ability to judge lapses in time__________________________
Aware of

Day____________________
Month__________________
Year___________________
Today__________________
Yesterday______________
Tomorrow_______________
Seasons________________

## Form for Lesson Plan

## Northern Utah Home Start

Name______________________________ Date_____________ Family_________________

Unit Title ________________________

Goals

---

Activities

---

Form for Lesson Plan

Northern Utah Home Start

Materials

Evaluation

Reached Goal Because:

Didn't Reach Goal Because:

# APPENDIX C

## Goal Statements for

## Education Component

## Health Component

## Objectives of the Education Component

| Objective | Resources | Completion Date |
|---|---|---|
| 1. To enhance a positive self-image by providing opportunities for children and parents to feel success and to erase feelings of frustration and failure. | Family Educator | On going |
| 2. To enhance the ability of parents to work with children as they are the most important influence on the young child's life. | Family Educator (Visits)<br>Psychologist (Classes and Counseling) | On going |
| 3. To enhance the child's cognitive development by helping to provide a variety of learning experiences for the child through materials introduced by the Home Start Family Educators and by utilizing everyday objects, recognized teaching opportunities in the home and immediate neighborhood, and by helping parents recognize and use. | Family Educator | On going |
| 4. To help parents better understand child development principles and the importance of the parent in the young child's development. | Psychologist, (classes) | On going |
| 4. To improve communications and relationships between parents and children. | Psychologist, (classes and counseling)<br>Family Educator | On going |
| 6. To help parents discover resources available which will provide additional educational opportunities: libraries, television programs, cultural events, recreational facilities; these items to be placed in the monthly newsletter. | Family Educator<br>Newsletter each month | Each week |
| 7. To encourage large and small muscle development by using small manipulative toys or materials and school tools (scissors, crayons, pencils) and | Family Educator | On going |

## Objectives of the Education Component:

| Objectives | Resources | Completion Date |
|---|---|---|
| 1. To provide opportunities for children to enhance their natural curiosities and creative movements, questioning, observing. | Family Educator | On going |
| 2. To enhance the child's awareness of the world around him by using stories, books, pictures, visits, field trips, meeting people. | Family Educator | On going |
| 3. To enhance children's language development: both speaking and understanding language. | Family Educator<br>Speech Clinics (Utah State Univ.) | On going<br>Through May 1973 |

HEALTH:

The broad goal for health in Utah Home Start is:

A. Finding all existing health defects through:

1. Accumulating records of past health and immunization status
2 Performing screening test
    a. Tuberculin
    b. Anemia
    c. Vision
    d. Hearing and speech
3. Interviewing parents - Health history
4. Physical examination in doctor's office (of their own choice)
5. Dental Examination - or dental treatment what ever necessary
6. Health education for children and parents, etc.
    a. Tooth brushing - give each child tooth brush and paste, demonstrations to be continued through the school year.
    b. "Healthy That's Me", a series of booklets convey health concepts and practices - this is to enrich childrens' and parents' life in such a manner that they will feel good about themselves and thus be better prepared to succeed in life - series of seven lessons
    c. First aid
7. Screening to date - 42 hearing, 3 speech referrals, 55 vision, 6 referrals, 27 medical examinations, 5 referrals, 12 anemia, 2 referrals, 70 Denver Developmental.
8. Health Council (has been organized) 12 members from community and staff - (doctor, dental, social services, Health Dept., University Speech and Hearing, representative from Home Start/ Head Start parents - and staff coordinators)
    a. Goals - Involving these professionals and their organizations in planning will ensure that the health program is tailored to meet the needs without duplicating already existing services and who - what - where and the cost of the health program will be executed.

       This group will meet only when necessary (probably three times a year to plan and evaluate, depending on needs of our program).

WEST CENTRAL WEST VIRGINIA HOME START

Parkersburg, West Virginia

# Case Study II Fall 1972

## Project Home Start

## Parkersburg, West Virginia

Principal Author: John M. Love

## TABLE OF CONTENTS

PAGES

- Preface - Case Study Design i
- IN BRIEF ii

I. PROGRESS REPORT 1
    A. Impressions - October 1972 1
    B. Program Update 3
II. ADMINISTRATION AND STAFF TRAINING 5
III. PARENT PARTICIPATION 8
IV. FAMILY NEEDS AND PROGRAM SERVICES 10
    A. Program Goals and Priorities 10
    B. Assessment of Needs 12
    C. Program Components: Objectives, Services, Needs 15
        1. Education 15
        2. Health 20
        3. Psychological/Social 23
        4. Nutrition 26

APPENDICES
    A. Case Study I, Summary Spring 1972
    B. Records Kept by Home Visitors
        1. Family Profile
        2. Evaluation Data
        3. Referral Record
        4. Services Worksheet

# PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study is developed after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations, for the four service components (health, education, nutrition, psychological and social service) were termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

---

[1] See Section IV. An "Assessment of Needs" for detailed description.

## IN BRIEF

## OCTOBER 1972

## GENERAL

| | |
|---|---|
| TYPE OF PROGRAM: | Rural, serving 10 counties. |
| SPONSORED BY: | West Central West Virginia Community Action Association |
| ADMISSION CRITERIA: | Head Start Guidelines |
| PROGRAM START-UP DATE: | February, 1971 |
| HOURS OPEN: | Monday - Friday, 8:30 a.m. - 5:00 p.m.<br>Staff on call evenings and weekends. |

## FAMILIES

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| ENROLLMENT: | 146 | | 139 | | -7 | -5% |
| **STAFF** | | | | | | |
| TOTAL PAID STAFF: | 13 | | NI | | - | |
| Full-Time | 13 | 100% | NI | | - | |
| Part-Time: | 0 | | NI | | - | |
| TOTAL IN-KIND STAFF: | 13 | | NI | | - | |
| Full-Time | 13 | 100% | NI | | - | |
| Part-Time | 0 | | NI | | - | |
| ETHNICITY OF STAFF: | | | | | | |
| Anglo: | 13 | 100% | NI | | - | |
| Black: | 0 | | NI | | - | |
| Chicano: | 0 | | NI | | - | |
| Indian: | 0 | | NI | | - | |
| Oriental: | 0 | | NI | | - | |
| Other: | 0 | | NI | | - | |
| SEX OF STAFF: | | | | | | |
| Female: | 13 | 100% | NI | | - | |
| Male: | 0 | | NI | | - | |

STAFF POSITIONS: Project Coordinator; Assistant Project Coordinator; Home Health Coordinator; 22 Home Visitors

POSITIONS OPEN: Secretary/Clerk

## CHILDREN

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL HOME START CHILDREN: | 195 | | 192 | | -3 | -2 |
| TOTAL CHILDREN (ELIGIBLE FAMILIES): | | | | | | |
| 0-12 months: | 118 | 19% | 29 | 5% | N/A[1] | |
| 13-24 months: | | | 43 | 7% | - | |
| 25-36 months: | | | 49 | 8% | - | |
| 37-48 months: | 195 | 32% | 84 | 14% | - | |
| 49-60 months: | | | 65 | 11% | - | |
| 61-72 months: | | | 43 | 7% | - | |
| 6-9 years: | 297[2] | 49% | 135 | 23% | - | |
| 10-13 years: | | | 84 | 14% | - | |
| 14-18 years: | | | 61 | 10% | - | |
| ETHNICITY OF FOCAL CHILDREN:[3] | | | | | | |
| Anglo: | 142 | 97% | 186 | 97% | N/A[3] | |
| Black: | 3 | 2% | 6 | 3% | - | |
| Chicano: | 0 | | 0 | | - | |
| Indian: | 0 | | 0 | | - | |
| Oriental: | 0 | | 0 | | - | |
| Other: | 1 | 1% | 0 | | - | |
| SEX OF HOME START CHILDREN: | | | | | | |
| Female: | NI | | 97 | 51% | - | |
| Male: | NI | | 95 | 49% | - | |

---

[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Fall 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start children; Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

## PARENTS

| | Spring 1972 | | Fall 1972 | | Changes | |
|---|---|---|---|---|---|---|
| | No. | Percent | No. | Percent | No. | Percent |
| TOTAL FOCAL PARENTS:[1] | 146 | | 233 | | +87 | 60% |
| SEX OF FOCAL PARENT: | | | | | | |
| Female: | 145 | 99% | 132 | 57% | -13 | -9% |
| Male: | 1 | 1% | 101 | 43% | 100 | 10,000% |
| Families in which both parents are considered focal parents: | NI | | 97 | 70% | | - |
| EMPLOYMENT OF FOCAL PARENT: | | | | | | |
| Employed:[2] | 68 | 47% | 78 | 33% | +10 | 15% |
| Unemployed: | 47 | 32% | 54 | 23% | + 7 | 15% |
| In School or Training: | 0 | | 5 | 2% | + 5 | infinite |
| Unknown: | 31 | 21% | 96 | 41% | +10 | 32% |
| EMPLOYMENT OF FAMILIES:[3] | | | | | | |
| Employed, Regular: | NI | | 4 | 29% | | - |
| Employed, Part-Time or Seasonal: | NI | | 37 | 27% | | - |
| Unemployed or Unknown: | NI | | 61 | 44% | | - |

## COSTS

ESTIMATED FUNDING:

| | |
|---|---|
| HEW: | $100,000 |
| In-Kind: | 11,000 |
| Total: | $111,000 |

FOR FURTHER INFORMATION,
CONTACT:

Ms. Susie Pahl, Coordinator Home Start
West Central West Virginia Community Action Association Inc.
1019 Murdoch Avenue
Parkersburg, West Virginia 26101

---

[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

# I. PROGRESS REPORT

## A. Impressions -- October 1972

The 10-county region of west central West Virginia served by Home Start covers 3,500 square miles of rolling hills. The distances, terrain, and road conditions in this area have affected both the need for Home Start services and the delivery of those services by the Home Start Program.

After a year's experience with a home-based early education program, the West Central West Virginia Community Action Association was prepared to double the size of the program with the advent of Home Start. The program was fully implemented in Spring 1972 and the level of operations has continued in the last six months. In the last six months there has been a slight turnover among Home Visitors, but most of the staff have been working with families, becoming more experienced at their jobs throughout the summer.

The Director, Susie Pahl, believes that the program has improved since May. Home Visitors are now able to anticipate and deal with many of the problems they may encounter and they have a sense of some of the most important needs in the families they visit. As a staff, too, they have learned to work together; they have experimented with different schedules of communication and supervision. The Director and her main office staff are learning how best to provide adequate support for the Home Visitors as they work with families across a 10-county area. Director Susie Pahl also feels that the parents, on the whole, are gaining a better understanding of their role in the program.

During the first months of the program start-up, Home Start staff concentrated on arrangements for physical and dental examinations for focal children. This task alone required the efforts of Home Visitors, Health Coordinator, the Director and the Assistant Coordinator, to arrange examinations with doctors and dentists and health departments in each of the 10 counties served by the program.

The Home Visitors seem to enjoy getting together for their periodic meetings, when they can share the similar experiences of their jobs. Sometimes a Home Visitor learns something specific about a problem she has encountered; sometimes, just relating a problem to others who understand makes the problem seem less overwhelming. A visitor to one of the staff meetings can quickly see that these gatherings are important to the Home Start process, and that being a Home Visitor has both its satisfactions and anxieties.

## B. Program Update

There have been very few critical changes in the Home Start operation, but minor changes have occurred that will affect the program.

A Professional Aide Trainee, who was working with the Home Start Health Coordinator[1], has left the program. Instead of replacing her, the Director and the Assistant Director have decided to hire a secretary to help with the recordkeeping for the program's 139 families. Presently, most recordkeeping is done by Assistant Director Helen Hupp. During the past few months, however, Helen has found it useful to spend more of her time in the field, visiting families with Home Visitors and helping to start parent groups in different areas. Providing direct support to 22 Home Visitors in 10 counties is an enormous task. Both Susie and Helen believe it is a very important task and are sharing the responsibility for it at present.

In-service training has undergone subtle changes as well. Instead of meeting in one large group on a weekly basis, the Home Visitors meet in smaller groups with Susie and Helen. Smaller groups give each Visitor more opportunity to solve problems directly and, Susie believes, will allow the session to focus on issues most relevant to each group of Visitors.

### Families

The number of families served by the West Central West Virginia Home Start has remained fairly constant at 139 over the past six months, in spite of recruitment efforts and new enrollments. A turnover of about 30% during the first six months (43 families terminated[2]; 41 families recruited) can be explained by several factors. One factor is the State of West Virginia's plan to implement kindergartens in the public schools. This plan is only recently underway. Last year about one-third of the kindergartens were started; this year the plan is much more fully implemented and even more kindergartens are available. Families recruited a year ago who might have expected to remain in the program longer, now have the opportunity to send their 5-year-olds to kindergarten.

---

[1] See organization chart on page 6.

[2] Terminations were recorded for the following reasons: moved from the service area, 11 families; parent employment, two families; dissatisfaction with program three families; child entering kindergarten or 1st grade, 11 families; lack of interest, six families; family income above eligibility, four families; other reasons, six families.

Other competition has come from a newly-funded State program of early childhood education demonstration centers. School districts now have a new source of support for preschool and special education programs. Finally, Head Start child care is available in most of the areas covered by Home Start. The growth of child care programs in West Virginia does not mean that there is no need there for Home Start, but there are alternative programs in some areas, and Home Start staff have done much more to inform their families of available services so that they may make their own choices.

The program now serves 192 focal children, of which 186 are white and six are black. In the fall of 1972, 84 children were three years old, 65 were four years old, and 43 were five. The Program Coordinator estimates that 106 families will leave the program by the spring of 1973.

Of the 139 families enrolled in West Virginia, the greatest number 61 have yearly incomes under $2,000; 59 families earn between $2,000 and $4,000. Families with incomes between $4,000 and $6,000 number 18; one family has an income between $6,000 and $8,000.

Families participate in a variety of federal programs in addition to Home Start. The great number, 53, receive Aid for Dependent Children; some 39 families receive Food Stamps and 18 live in public housing project. Other families participate in Head Start and other pre-school programs, Neighborhood Youth Corps and Job Corps. There are 14 families with a member in the Work Incentive Program and one enrolled in a high school equivalency program.

## II. ADMINISTRATION AND TRAINING

### Organization and Planning

West Virginia is one of the Home Start programs in which there is no sharing of staff with the Head Start program[1]. No shared staff means that all Home Start administrators are full-time. Fewer persons can be employed and less specialization of function is possible. Essentially it means that three administrators are responsible for coordinating services of 22 Home Visitors to families in 10 counties (total 3,326 square miles).

As Project Coordinator (Director) Susie Pahl is responsible for the total program operation and for maintaining communication with the Executive Director of West Central and the county Delegate Agency Directors. Assistant Coordinator, Helen Hupp, is responsible for record-keeping, and the Health Coordinator supervises health and nutrition services.

Together, Susie and Helen are responsible not only for supervision of the Home Visitors, but also for planning in the education component, and the psychological and social services area.

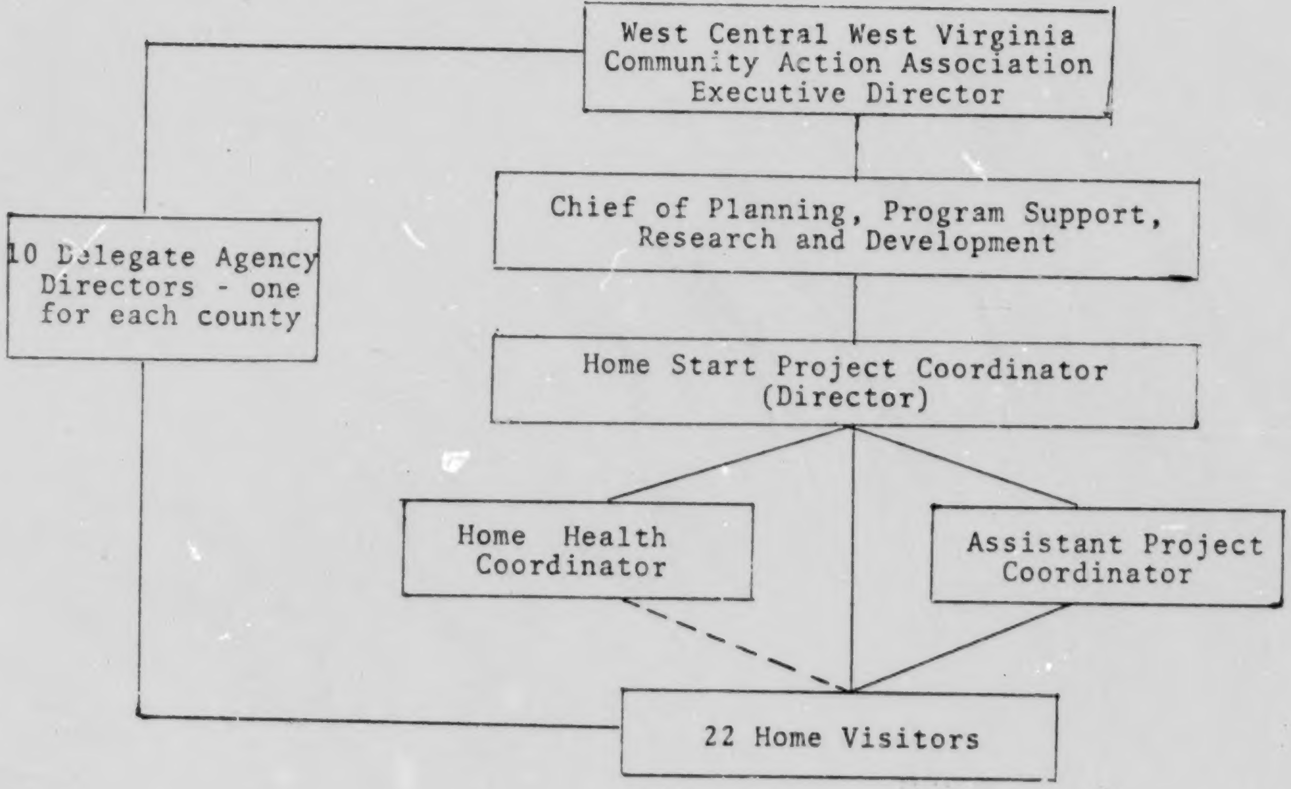
In administration and planning, Susie and Helen work particularly closely. They both visit families with the Home Visitors to be on top of the day-to-day work of those who have primary responsibility for what is transmitted to the families.

---

[1] Head Start has been operating in nine of the 10 "Home Start" counties surrounding Parkersburg for nearly seven years. Head Start is not a delegate program (as is Home Start) under the West Central West Virginia Community Action Association and is not responsible to each of the 10 county Delegate Agencies. Head Start and Home Start offices are both located in the same building in Parkersburg and plans for sharing training and service resources are still being developed.

See organization chart on following page.

# Organizational Chart


West Central West Virginia Community Action Association Executive Director
Chief of Planning, Program Support, Research and Development
Home Start Project Coordinator (Director)
Home Health Coordinator
Assistant Project Coordinator
22 Home Visitors
10 Delegate Agency Directors - one for each county

Both of them attend parent meetings when possible. Both participate in Friday staff sessions. It is an administrative system that relies heavily upon personal and informal communication; Susie and Helen do not rely on written reports to keep them up on program operations. To keep this system working well, everybody must travel. Home Visitors come to Parkersburg for meetings, and all three administrators travel to meet individually, and in small groups, with Home Visitors and families.

## Staff Training and Development

After the initial pre-service training by Training Consultant Gail Perry in the spring of 1972, staff development has consisted of in-service training in the broad sense of the word. Friday staff meetings are occasions to share experiences among Home Visitors and to introduce the Visitors to new materials or ideas. The Visitors need now, Susie feels, to consolidate the training they have had , integrate it with their experiences, and begin to articulate their own needs for additional training and development.

## III. PARENT PARTICIPATION

Parent involvement manifests itself in different forms in each county, but there is a general pattern to what is developing. Group meetings have been held for parents in each county. In most counties parents have passed the getting acquainted stage of social gatherings and are beginning to discuss issues of common concern -- conditions of the roads (an important issue since road conditions affect availability of public school transportation and can determine whether a child goes to school or not), textbooks used in the schools, and other local concerns. Some county parent groups have invited nutritionists to one of their meetings to discuss ways they can work to improve nutrition. It has been the experience here that as parents begin to get together socially, they discover that they have concerns about their children, about the schools, and about their communities, that are shared by other parents. Social isolation has been a real problem in the hill country of West Virginia and Home Start has been one means of breaking that isolation for some families.

Parent groups are also moving toward participation in Home Start policy making. Thus far, the staff have been concerned with informing parents about procedures and decisions involved in such policy making. They are distributing to the parents fact sheets, Home Start Guidelines; parents are beginning to understand where the money comes from and how it is spent. Susie and Helen have prepared a Policy Committee manual patterned after the Head Start parent policy manual. This manual is to be used as a guide to assist parents and staff in developing their own Parents' Manual for Home Start.

Parent involvement in policy making will take the following form: each county will have a Home Start Parent Committee, comprised of Home Start parents. Each county will also have a Home Start Policy Committee; this will be comprised of

Home Start parents selected from the Parent Committee in that county plus representatives to the Home Start Policy Council; the Council will have at least one parent and one community representative from each county. The area-wide Home Start Policy Council will parallel the Head Start Policy Council and both have inputs into the Executive Director of the Grantee. The Councils are intended to participate in decisions about the nature and operation of the program . Guidelines suggest that each county Parent Committee have an officer or committee on Parent Education Programs responsible for developing activities that are useful to parents and consistent with Home Start purposes.

## IV. FAMILY NEEDS AND PROGRAM SERVICES

### A. Program Goals and Priorities

In their original proposal West Virginia's Home Start staff outlined five general program goals. These goals are still much the same, as staff seek:

- To improve parent-child relationships, thus enabling parents to become better educators of their children, by utilizing in the homes trained Home Visitors who have the skills necessary to effect this improvement.
- To increase cognitive, perceptual, physical, social and emotional development of all preschool children in each Home Start family so that they are able to perform standardized tasks at a level acceptable for their age group.
- To improve the health, dental health and sanitation conditions of the children of 80 Home Start families and, if feasible, provide health care to other family members in the Program.
- To provide nutrition education to the parents in the Home Start Program in order to overcome the problems relating to unbalanced meals, food planning and budgeting, consumer education and traditional food taste preferences that are not nutritional.
- To provide social and psychological services by training Home Visitors to recognize family problems and by referring the family members to the existing services.

In the spring of 1972 preliminary objectives (that is, very general objectives) were also identified for each of the four service areas. Objectives for education were most complete, with emphasis on skills to be encouraged in children and attitudes to be developed with parent involvement.

In discussing needs assessments done for 40 families, Home Start staff did not define specific priorities, among the needs identified, that would significantly change the emphasis of the services they provide. Objectives for overall parent education reflect the staff's awareness of the parents' importance in the activities and directions taken by Home Start.

In assessing needs for 40 of the families they serve, Home Visitors listed more critical needs for parents than for children. The bulk of parents' needs were in the social/psychological service category; they included needs for home repairs, bridges, water supplies, clothing, help with alcoholism, for improved self esteem, and many others. It is not inconsistent that most needs identified are in social/psychological services and nutrition, while objectives for parents emphasize various types of education. Home Start staff believe that as parents are encouraged to become aware of their needs, they can also be encouraged to become effective in arranging to meet the needs for themselves.

For children, critical needs most frequently mentioned were for health treatment--dental problems, worms, eye glasses. For less than critical needs, many appeared in education for children, including speech therapy, general education activities, and more toys and materials for children.

## B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference, September 1972 in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the October Program visit by case study staff.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessment sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services and priorities.

In Parkersburg, needs assessment sheets were filled out for about one-third of the families served by the program. Because the needs represent only 40 of the 146 families in the program, no assumptions about the priorities for services should be made. However, the needs reflected in the summary on the following page should be taken as a preliminary analysis. The patterns in the needs summary were subjectively confirmed in conversations and interviews with Home Visitors and administrative staff.

What is clear from the needs assessment forms that were completed is that there are definite differences among Home Visitors in the types of needs that are recognized as "needs." Whereas one Visitor may list nutritional needs for every family, another may appear to emphasize educational needs. It is likely that Visitors may often have different types of families or that Visitors are sensitive to different needs.

## SUMMARY OF

## FAMILY NEEDS ASSESSMENT FORMS*

### Health

| Problems/Needs | # of Children | Problems/Needs | # of Pare |
|---|---|---|---|
| General health | 7 | Dental care | 3 |
| Medical treatment | 1 | Medical treatment | 3 |
| Diabetes | 1 | General health | 4 |
| Tonsillectomy | 1 | | |
| Eye glasses | 1 | | |
| Dental care | 2 | | |
| Worms | 1 | | |
| Examinations | 2 | | |

### Education

| Problems/Needs | | Problems/Needs | |
|---|---|---|---|
| General educational skills | 7 | Adult education | 3 |
| Materials and toys | 9 | G.E.D. | 4 |
| Speech therapy | 3 | | |
| Tutoring for other children | 2 | | |
| Language development | 2 | | |

### Nutrition

| Problems/Needs | | Problems/Needs | |
|---|---|---|---|
| None specified | | Better nutrition for family | 17 |
| | | Supplementary food | 1 |

---

*Based on assessments for 40 families

## Social/Psychological

| Problems/Needs | # of Children |
|---|---|
| General social services | 1 |
| More attention from parents | 1 |
| More discipline/understanding from parents | 4 |

| Problems/Needs | # of Parents |
|---|---|
| General social services | 5 |
| Psychological problems/counseling | 8 |
| Unemployment or job training | 6 |
| Better housing or housing repair | 6 |
| Bridge - to school, to road | 2 |
| Social contact | 3 |
| Improved self-esteem | 2 |
| Clothing and furnishings | 5 |
| Cleanliness in home | 4 |
| Better water supply | 3 |
| Family planning | 2 |

## C. Program Components: Objectives, Services, Needs

### 1. Education

### Objectives - Spring 1972

In the spring just as the Home Start Program was beginning, staff articulated objectives for children aimed at increasing the child's cognitive, perceptual and physical development.

### For Children

- To use language with fluency and spontaneity.
- To find satisfaction in self expression and in being understood.
- To build a vocabulary which the child comprehends and can use for meaningful communication.
- To learn to listen, discriminate, and interpret sounds and verbal communication.
- To promote use of and refine other senses: tasting, seeing, smelling, and touching, skills of discriminating and differentiating.
- To have experience with simple number concepts such as counting for information, significance of numbers in daily life, seriation, beginning understanding of measurement (size, weight, capacity, quantity), position in time and space.
- To extend children's awareness and understanding of natural environment in which child lives.
- To develop problem solving skills: an attitude of inquiry and investigation; to explore different ways of doing things.
- To begin to organize and classify information.

In addition to physical and cognitive skills, objectives for children sought to foster social and emotional growth:

- To gain self-confidence and skills which help him to feel value for himself.

- To become more aware of himself as a person with unique interests and abilities.
- To accept realistic responsibility; become independent and develop initiative.
- To develop self control as the child learns to manage feelings in such a way as to be respected by family, society, and self.
- To understand the need for personal health care and assume responsibility for caring for his own needs.
- To begin to discriminate between safe and unsafe behavior in his play.
- To acquire skills of coordination, balance, and agility-body control.

These objectives reflect the concern felt by the program staff six months ago when the education component clearly received the greatest emphasis.

Objectives written for parents last spring displayed the staff's awareness that parent education should stress practical, personal concerns:

For Parents

- Strengthen parents in their roles as the child's first and continuing teacher in the foregoing objectives for the child.
- Expand on and enrich the parent/child interaction.
- Get the child to seek help from parents.
- Help parents use management techniques which facilitate the child's growth and help him regulate his behavior and provide techniques for handling "misbehaviors" (which often interfere with effective parent/child interaction).
- Help parents enjoy, appreciate and be proud of children.
- Give parents a basic understanding of patterns of growth and behavioral principles so that they may understand their children better.
- Give parents genuine support that recognizes their importance and increases their status in their "parenting" role.
- Motivate parents to provide "high quality" environment for their family by fostering a strong positive attitude and interest towards the child's development and experience.

- Recognize parents as individuals with their own needs and desires.
- Provide parents with child care skills which can be carried beyond the preschool years.
- Help parents in their ability to encourage independence and responsibility rather than strict obedience or conformity.

Objectives Achieved

Home Visitors report spending most of their time on educational activities during home visits. On a sample of time records completed by Home Visitors, Home Visitors showed an average of 70% of their home visit time spent in "educational activities". It is probable that Home Visitors interpreted "educational activities" very broadly to include topics that were educational for both children and parents.

The activities Home Visitors plan for families appear to reflect the objectives they defined for children. As for parent involvement, Home Visitors are definit in describing how objectives for parents are pursued. Home Visitors try to:

- Gain parents' respect.
- Leave things in the home.
- Give assignments for the following week.
- Praise parents' efforts to help children.
- Get the child to seek help from parents.

Although Home Visitors try to base many activities on materials found in family homes, a carefully selected group of new materials is helping Home Visitors combine education for children with education for parents about child development. In fall, 1972, a supply of new materials was purchased and distributed. Some manufacturers agreed to conduct demonstrations of their equipment at staff meeting

Toys purchased are designed for various developmental levels and have specific learning objectives. In intoducing new toys, Home Visitors make sure that parents understand the purpose of the activity and what is expected of the child. Home Visitors hope that these specially designed educational toys will suggest educational uses for other objects and materials in the homes.

Only one objective suggests planning for adult education ("Recognize parents as individuals with their own needs and desires"). A few referrals have been made for parents to Vocational Rehabilitation, Job Corps, and Community Action Agency employment programs.

## Needs -- Fall 1972

The program's revised emphasis has placed education in a perspective that is influenced by critical needs of families in other areas, and influenced by the skills of the Home Visitors in providing instructive support for children. This perspective is reflected in the needs assessment sheets which were completed for 40 of the families enrolled in Home Start.

Very few educational needs were listed as "critical" by Home Visitors, and those few were for more extreme problems, such as the need for speech therapy. In listing other than critical educational needs for children, Visitors mentioned predominantly general things, such as "slow learners," need for more materials or toys, or need for extra preschool activities.

| Problems/Needs | # of Children | Problems/Needs | # of Parents |
|---|---|---|---|
| Speech Therapy | 3 | Adult Education | 3 |
| General Preschool Education | 7 | G.E.D. (equivalency diploma) | 4 |
| More Materials, Toys | 9 | | |
| Language Development | 2 | | |
| Tutoring for Other Children | 2 | | |

Agencies which provide adult education services or sponsor G.E.D. classes have been identified by the program but it is not clear whether referrals have been made for parents or whether parents themselves have identified the desire to seek additional education or training.

## Additional Arrangements for Meeting Needs

No arrangements beyond the present program staff and Delegate Agency relationships have been identified as necessary to meet needs of Home Start families in education.

## Objectives -- December 1972

Program staff are in the process of defining measurable objectives for services in this component. They have developed a Work Statement which outlines specific plans for achieving their general component goals.

## 2. Health

### Objectives -- Spring 1972

In late spring 1972, Health Coordinator Virginia Foreman had defined the following objectives for health services:

- To obtain a complete physical examination for each child.
- To complete immunizations for focal children by August 1.
- To have all family members receive vitamins, a chest x-ray and a physical examination.

### Objectives Achieved

Some of the objectives have been achieved over the summer. Physicals were completed in five counties for about 80% of the children -- all that would come in to the county Health Department, pediatric clinic, or doctor's office. Screenings are first conducted by Virginia; these consist of a dental check by a Dental Hygienist (who donates her time), hemaglobin count, urinalysis, and measures of height and weight. A doctor then does a follow-up examination and prescribes medicine, if necessary.

Since the program began in the spring, the following health services have been provided:

For Children

| Problems/Needs | # of Children |
|---|---|
| General examinations and lab tests | 149 |
| Vision examinations | 123 |
| Hearing examinations | 2 |
| Dental check-ups | 132 |
| Immunizations | 200 |
| Treatment -- Medical or Dental | 5 |

For Parents or Other Family Members

| Problems/Needs | # of Parents |
|---|---|
| General examinations | 8 |
| Vision examinations | 11 |
| Hearing examinations | 2 |
| Dental examinations | 3 |
| Lab tests | 3 |
| Immunizations | 4 |
| Treatment -- Medical or Dental | 2 |

Credit for success in meeting health objectives should go to both the Health Coordinator who arranges for doctors and clinics in each county, and the Home Visitors who make sure that parents and children get to town for examinations or treatment. Home Visitors report about 10% of their time spent in providing health services.

Needs -- Fall 1972

Health problems were ranked as the most critical need of Home Start children, even though comprehensive health services have been provided to most focal children. Health needs were often identified for children in the family other than focal children. Needs identified among 40 families included:

| Problems/Needs | # of Children | Problems/Needs | # of Pare |
|---|---|---|---|
| General Improved Health | 7 | Dental Care | 3 |
| Medical Treatment | 1 | Medical Treatment | 3 |
| Diabetes 1 | 1 | General Health Problems | 4 |
| Tonsils | 1 | | |
| Eye Glasses | 1 | | |
| Dental Care | 2 | | |
| Treatment for Worms | 1 | | |
| Examination for Infant | 1 | | |

Given resources scattered in several counties and a limited Home Start health budget, the Health Coordinator and Home Visitors seem to have been doing all they can to provide health services. They feel it is unlikely that they will be able to meet all the health needs they perceive.

## Additional Arrangements for Meeting Needs

Training for Home Visitors in first aid is planned for one staff meeting.

Health Coordinator Virginia Foreman has also made arrangements with pharmacies in many counties so that parents of Home Start children who are not on Welfare can charge prescriptions to Home Start. In this way, she hopes to encourage parents to use preventive medicine.

In the fall, 1972, Virginia was leaving the Program because her husband had been transferred to another state; a replacement had already been found. It appears that health services will continue without interruption and that the objectives will continue to be met for this component.

## Objectives -- December 1972

Program staff are in the process of defining measurable objectives for services in this component. They have developed a Work Statement which outlines specific plans for achieving their general component goals.

| Objective | Resource | Completion Date |
|---|---|---|
| 1. Assist at least 60% of parents in using preventative health measures in home by providing and helping them use medications, cleaning supplies, and other household items. | Home Visitors | On-going |

## 3. Social/Psychological

### Objectives -- Spring 1972

In spring program staff were seeking to define which services they would provide for social and psychological problems. No specific objectives were written at the time, but the general program goal for this area was:

- To provide social and psychological services directly by training Home Visitors to recognize family problems and indirectly by referring the family members to existing social and psychological services.

### Objectives Achieved

Arrangements with service agencies have been established in some counties. Three referrals made to mental health clinics are clearly on record as psychological referrals. Less clear are referrals made for a variety of social problems to County Delegate Agencies, to Welfare, and to other community resources. Referrals to these sources totaled 50 during the first six months of the program.

Availability of referral agencies varies greatly from county to county. In Wood County, the most populous county (Parkersburg is located in Wood), there are more services than in others. A Directory of services in Wood County published by West Central CAA listed 129 agencies, from Alanon (for relatives of alcoholics) to the YWCA.

The West Virginia Department of Mental Health sponsored a paraprofessional, called a Professional Aide Trainee, who worked for several months with the Health Coordinator before leaving the program.

Although parent needs for social and psychological services are considered most critical by Home Visitors, Visitors report spending only 8% of their time in thi area. Some time spent by Home Visitors discussing these problems with families may be identified as time spent in educational activities. Fine distinctions between time spent in education and other components are often difficult to make, since many activities in all areas can correctly be termed "educational."

## Needs -- Fall 1972

Home Visitors are certainly attuned to family problems. When listing critical needs for parents on assessment forms, Home Visitors cited psychological and social problems more often than any others. Needs are as varied as the families they describe:

> "Children have been spoiled by grandparents," writes one Home Visitor of a family. "Mother fears if she punishes children reasonably that welfare will take the children from her."
>
> "They need a bridge so they can get to the road in wet weather," said another of a family she visits.

The list of needs for parents, which are often really needs for entire families, is long. It includes home repairs, water supplies, clothing, job training, family planning, and alcohol problems. For instance:

> "The greatest need (in this family) is a good washing machine to keep up with wash for eleven people; it's now done by hand."

Although the referral services available have not changed much since June, Home Visitors have gained more experience in using existing services. Through experience and communication with each other, they are beginning to learn the types of services they can try to provide, and which problems they can successfully refer to another source.

A general summary of the psychological and social needs for the 40 families assessed shows:

Children

| Problems/Needs | # of Children |
|---|---|
| General social services | 1 |
| More attention from parents | 1 |
| More discipline/understanding from parents | 4 |

Parents

| Problems/Needs | # of Parents |
|---|---|
| General social services | 5 |
| Psychological problems/counseling | 8 |

| Problems/Needs | # of Parents |
|---|---|
| Unemployment or job training | 6 |
| Better housing or housing repair | 6 |
| Bridge -- to school, to road | 2 |
| Social contact | 3 |
| Improved self-esteem | 2 |
| Clothing and furnishings | 5 |
| Cleanliness in home | 4 |
| Better water supply | 3 |
| Family planning | 2 |

## Objectives -- December 1972

Program staff are in the process of defining measurable objectives for services in this component. They have developed a Work Statement which outlines specific plans for achieving their general component goals.

| Objective | Resource | Completion Date |
|---|---|---|
| 1. Help parent groups plan to work with each other making home repairs identified as needs by parents and by Home Visitors. | Director | Spring 1973 |
| 2. Locate additional funds for buying home repair supplies to be used by parent groups. | Director | Spring 1973 |

## 4. Nutrition

### Objectives -- Spring 1972

No specific objectives were written for the nutrition services available through Home Start. The program goal for nutrition focused on the role of parents. It was:

- To provide nutrition education to parents in the Home Start Program in order to overcome the problems relating to unbalanced meals, food planning and budgeting, consumer education, and traditional food taste preferences that are not nutritional.

### Objectives Achieved

All plans to improve family nutrition move Home Start toward its goal for nutritional activities. Home Visitors report an average of 11% of their time spent in nutrition. Efforts to meet nutritional needs began by providing vitamin supplements to the preschool-aged children in Home Start families. Brief sessions of nutrition education for Home Visitors were held by a consultant as part of in-service training. The Home Health Coordinator also provided information to Visitors during pre-service training.

The main thrust toward meeting this objective is just beginning. Group meetings of parents are being organized and some groups have met to discuss food and nutrition. In most cases parents have asked for, or agreed to, visits by nutritionists to talk about the four food groups and how to plan balanced diets with little money.

Public resources are also available in this area. Some of the counties have a home nutritionist in the Agricultural Extension Office who will make visits to families if they request information about food planning and diets. Three families have been referred to food stamp programs.

### Needs -- Fall 1972

Nutrition was cited by Home Visitors as a very common need among families, but generally, it is not considered critical except in one or two families where

Home Visitors report that "sometimes they have nothing to eat."

Needs for better nutrition which were identified for parents concerned education about food values, meal planning, and diet improvement.

Children

Problems/Needs

Parents

| Problems/Needs | # of Parents |
|---|---|
| Better nutrition for family | 17 |
| Supplementary food | 1 |

Additional Arrangements for Meeting Needs

Broader use of public resources and the visiting nutritionist program are being planned. Group meetings, too, will continue to be available for exploring group solutions to needs for more and better food, if parents identify these as their most important concerns.

Objectives -- December 1972

Program staff are in the process of defining measurable objectives for services in this component. They have developed a Work Statement which outlines specific plans for achieving their general component goals.

| Objectives | Resource | Completion Date |
|---|---|---|
| 1. Accompany parents to do grocery shopping to discuss nutrition and shopping habits. | Home Visitor | Ongoing |

# APPENDIX A

## CASE STUDY I

## SUMMARY SPRING, 1972

## CASE STUDY I -- SUMMARY, MAY 1972

The Home Start Program in West Central West Virginia serves 146 families in a 10-county area. Forty-three of these families were enrolled in the Preschool-at-Home Program, a predecessor to Home Start. With this previous experience with a home visiting program, the West Virginia Home Start had relatively little difficulty recruiting the additional families made possible by the Home Start grant. Thus, even in May, this was essentially a fully-operational program.

Staff. The Director (or "Project Coordinator") is directly responsible for the work of the 22 Home Visitors. She, in turn, is responsible to the Chief of Planning, Program Support, Research and Development for the West Central Community Action Association. The Director also works with the 10 directors of the Delegate Agencies in each county. An Assistant Home Start Director is responsible for recordkeeping. The Home Health Coordinator, a Registered Nurse, is in charge of providing health services.

Staff Training. Extensive pre-service training was held, including a two-week session (for which all the Home Visitors had to come to Parkersburg) covering health care, oral hygiene, family planning, and sanitation. For in-service training, a nutrition consultant was planning to conduct several sessions and an education consultant had outlined instruction in the education area.

Services. The Home Visitors and the Health Coordinator are primarily responsible for seeing that services are provided or appropriate referrals made.

Health. The Health Coordinator arranges to have the Home Visitors bring families into the County Health Department for physicals and immunizations. She is assisted by a Professional Aide Trainee, supported by the State Department of Mental Health. There are great health needs in rural West Virginia, and the number of physicians and dentists is small.

Social/Psychological. Existing community resources must be relied upon for social and psychological services, and such resources are scarce. The Home

Visitors see that referrals are made, with the help of the Health Coordinator, the Assistant Director, and the Director.

Nutrition. Nutrition services consist of providing vitamins to the preschool-aged children in the families. [illegible]trition education for the Home Visitors will be provided by a consultant.

Education. The education component receives the greatest emphasis. The Home Visitors have a set of assessment procedures for determining the level at which they can work with a child and for judging progress.

Parent Participation. There has been no parent participation as yet. Plans are underway, however, for social gatherings of parents in each county. Parent involvement in policymaking will begin when county Parent Committees, Policy Committee, and a Policy Council are selected later in the year.

## Program Goals and Objectives

There were five original goals for the West Central West Virginia Home Start:

- To improve parent-child relationships, thus enabling parents to become better educators of their children, by utilizing in the homes trained Home Visitors who have the skills necessary to effect this improvement.
- To increase cognitive, perceptual, physical, social, and emotional development of all pre-school children in each Home Start family so that they are able to perform standardized tasks at a level acceptable for their age group.
- To improve the health, dental health, and sanitation conditions of the children of 80 Home Start families and, if feasible, provide health care to other family members in the Program.
- To provide nutrition education to the parents in the Home Start Program in order to overcome the problems relating to unbalanced meals, food planning and budgeting, consumer education, and traditional food taste preferences that are not nutritional.
- To provide social and psychological services by training Home Visitors to recognize family problems

and by referring the family members to the existing services.

In May, West Virginia Home Start was well underway. Most of the families had been recruited, and most of the staff had several months' experience working together.

## APPENDIX B

### Records Kept by Home Visitors
### Developed by West Central West Virginia Home Start

1. Family Profile
2. Evaluation Data
3. Referral Record
4. Services Worksheet

WEST CENTRAL WEST VIRGINIA COMMUNITY ACTION ASSOCIATION, INC.

HOME START PROGRAM

Family Profile

County ____________ Date ____________

1) a. Mother ______________________________ Age ________

b. Father ______________________________ Age ________

2) Names of all children living in the home: Age Birthdate

| | | |
|---|---|---|
| a. | | |
| b. | | |
| c. | | |
| d. | | |
| e. | | |
| f. | | |
| g. | | |
| h. | | |
| i. | | |
| j. | | |

3) Home Address ______________________________

4) Other persons living in home (a)____________
(b)____________ (c)____________

5) Total persons living in home: ____________

6) Type of living quarters (a) House________ (b) Apartment________ (c) Other________
(d) Number of rooms________ Is there a (1) Living Room________ (2) Bedroom
________ (3) Kitchen________ (4) Multi-purpose or other (describe)________

7) Describe room(s) to be used by teacher and child____________
______________________________

8) Do you own or rent your house?____________

9) (a) Rent paid per rental period____________ (b) By year____________

0) How long has family lived in these quarters?____________

1) Preferred hours Visitor may come to home:
(1)____________ (2)____________ (3)____________

2) Questions for Mother:

(a) What is last grade you completed in school?____________
(b) Do you work?____________ (c) How much of the time?____________
(d) Income per week____________
(e) What kind of work (be specific and try to indicate degree of training involved)?
______________________________
______________________________
(f) What sorts of jobs have you held in the past (be specific and try to indicate degree of skill and training involved)?____________
______________________________
______________________________

About Father: (whether or not he resides in home)____________________

(a) What is last grade he completed in school?____________________
(b) Does he work?__________ (c) How much of the time?____________________
(d) Income per week________________ (e) What kind of work (be specific and try to indicate degree of skill and training involved)?____________________
____________________
(f) If father resides apart, income he contributes to family: Per week__________
(g) What sorts of jobs has father held in past (be specific and try to indicate degree of skill and training involved)?____________________
____________________

List other source of income to family____________________
(a) Amount per week________________ (b) Amount per year________________

Family's total income per year (add mother's, father's and others)____________

Health:
(a) Have all the children under 6 years old in the family had a physical examinatio in the last six months? ____________________
(b) Have all the children under 6 years in the family seen a dentist in the past si months?____________________
(c) Has a dentist cleaned the teeth of the children in the family?__________
(d) Do you visit the County Health Department?____________________
(e) If yes, which services do you use?
Immunization ________________ Family Planning________________
Other: Please Name____________________
(f) Where do you get your drinking water?____________________
(g) Has anyone from the Health Department checked your water to see if it is really safe?____________________
(h) Do the children in your family take vitamins?____________________
(i) Do you have outdoor toilet facilities?____________________
(j) What kind of sewage disposal system do you have?
Lagoon________________ None________________
Septic Tank________________ Other________________
Sewer________________
(k) How many miles do you have to travel to get to a school bus?__________
(l) Is the house heated by:
Coal________________ Electric________________
Gas________________ Wood________________
Open Stoves or Forced Air__________ Other________________
(m) Does the house have electricity?____________________
(n) Is there a sink inside the house?____________________
(o) Is there hot and cold running water?____________________
(p) Do you have trouble with insects, rats, mice getting into your house?__________
(q) Do you have a car? ____________________
Do you have any comments? ____________________
____________________
____________________

Name of Home Visitor____________________

Date of Visit ____________________

General comments and/or additional information____________________
____________________
____________________
____________________

WEST CENTRAL WEST VIRGINIA COMMUNITY ACTION ASSOCIATION, INC.

HOME START PROGRAM

(March 1, 1972 - February 28, 1973)

Due in West Central office July 31, 197

EVALUATION DATA

| COUNTY<br>HOME VISITOR | FAMILY NAME | FOSTER PARENT | ADOPTIVE PARENT | GRANDPARENT OR RELATIVE | MOTHER'S AGE | FATHER'S AGE | LAST YEAR OF SCHOOL | MOTHER WORKING | FATHER WORKING | NO FATHER IN FAMILY | BLACK FAMILY | OTHER NATIONALITY | OWN VEHICLE | NO TRANSPORTATION | TELEVISION | RADIO OR RECORD PLAYER | TELEPHONE | MILES FROM OFFICE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

| COUNTY<br>HOME VISITOR | FAMILY NAME | HEAD START | NYC | JOB CORPS | SENIOR CITIZENS | GED | UPWARD BOUND | PUBLIC HOUSING | WELFARE | HAS A MEDICAL CARD | FOOD STAMPS | GARDEN PROJECT | JOB DEVELOPMENT | YOUTH ACTIVITIES | RURAL ARTS & CRAFTS | WIN | HOME REPAIR | YTY | MAINSTREAM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Due in West Central office 5th of each month

## WEST CENTRAL WEST VIRGINIA COMMUNITY ACTION ASSOCIATION, INC.

### REFERRAL RECORD

TO: Susie Pahl DATE: ____________

FROM: ____________ COUNTY: ____________

SUBJECT: Data For Evaluation Purposes: Month of ____________

Family Name ____________

New Birth ____ Name ____________ Birthdate ________ Death ________

Any Child Leaving Family Home ____________

Moved ________ New Address ____________

Family Began To Participate In Other Programs:

Head Start ____
NYC ____
Job Corps ____
Senior Citizens ____
GED ____
Upward Bound ____

Public Housing ____
Welfare ____
Medical Card ____
Food Stamps ____
Garden Project ____
Job Devp't. ____

Youth Activities ____
RACA ____
WIN ____
Home Repair ____
YTY ____
Mainstream ____

Referrals:

| Family Member Referred To:<br>Service | Agency | First name of Person Referred | Date |
|---|---|---|---|
| Education | | | |
| 1. Correspondence Courses | | | |
| 2. Tutorial Service | | | |
| 3. GED | | | |
| 4. Job or Skill Training | | | |
| 5. Adult Education | | | |
| 6. Early Childhood Programs | | | |
| 7. School Age Programs | | | |
| Health | | | |
| 1. Medical Exams | | | |
| 2. Vision, Speech, Hearing Exams | | | |
| 3. Dental Exams | | | |
| 4. Emergency Health | | | |
| 5. Prenatal Health | | | |
| 6. Family Planning | | | |
| 7. Vision, Speech, Hearing Health or Dental Treat. | | | |
| 8. Innoculations | | | |
| Nutrition | | | |
| 1. Food Stamps | | | |
| 2. Nutrition Aide | | | |
| 3. Emergency Food | | | |
| 4. Individual or Community Resource | | | |
| Social/Psychological | | | |
| 1. Housing Placement | | | |
| 2. Housing Repair | | | |
| 3. Legal Services | | | |

| Service | Agency | First Name of Person Referred | Date |
|---|---|---|---|
| 4. Welfare or Public Assistance | | | |
| 5. Family Counseling Service | | | |
| 6. Mental Health Clinics | | | |
| 7. Alcohol Clinic | | | |
| 8. Drug Clinic | | | |
| 9. Clothing | | | |
| 10. Home Furnishings | | | |

## Parent Involvement

Names of Parents Attending Home Start Social Activities

Names of Parents Serving On Advisory Council

Names of Parents Involved In Other Community Groups

INTER-OFFICE MEMORANDUM

Due in West Central the 5th of each mo

TO: ______________________ DATE: __________

FROM: ______________________ COUNTY: __________

SUBJECT: Services Worksheet for Month of ______________________

| FAMILY NAME: | Minutes Each Week | | | | | Mother | | Father | | 0-6 Home Start Children | | 7-18 Other Children | | Other Relative | | Total Hou | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Week I | Week II | Week III | Week IV | Week V | Home | Group | Home | Group | Home | Group | Home | Group | Home | Group | Home | Gro |
| Health | | | | | | | | | | | | | | | | | |
| Nutrition | | | | | | | | | | | | | | | | | |
| Psych/Soc. | | | | | | | | | | | | | | | | | |
| Educational | | | | | | | | | | | | | | | | | |
| Total Minutes | | | | | | | | | | | | | | | | | |

| FAMILY NAME: | Minutes Each Week | | | | | Mother | | Father | | 0-6 Home Start Children | | 7-18 Other Children | | Other Relative | | Total Hou | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Week I | Week II | Week III | Week IV | Week V | Home | Group | Home | Group | Home | Group | Home | Group | Home | Group | Home | Gro |
| Health | | | | | | | | | | | | | | | | | |
| Nutrition | | | | | | | | | | | | | | | | | |
| Psych/Soc. | | | | | | | | | | | | | | | | | |
| Educational | | | | | | | | | | | | | | | | | |
| Total Minutes | | | | | | | | | | | | | | | | | |